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CIS

VICTIMS OF RAPE

HEARING

BEFORE THE

SELECT COMMITTEE ON
CHILDREN, YOUTH, AND FAMILIES
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

HEARING HELD IN WASHINGTON, DC, JUNE 28, 1990

Printed for the use of the
Select Committee on Children, Youth, and Families

U.S. GOVERNMENT PRINTING OFFICE
33-659 WASHINGTON : 1990

For sale by the Superintendent of Documents, Congressional Sales Office
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VICTIMS OF RAPE

THURSDAY, JUNE 28, 1990

House of Representatives,
Select Committee on Children,
Youth and Families,
Washington, DC.

The select committee met, pursuant to notice, at 9:35 a.m., in Room 2218, Rayburn House Office Building, the Honorable George Miller [chairman] presiding.

Members present: Representatives Miller, Weiss, Boxer, Evans, Durbin, Sarpalius, Bliley, Wolf, Holloway, Weldon, Peter Smith, Walsh and Machtley.

Staff present: Karabelle Pizzigati, staff director; Jill B. Kagan, deputy staff director; May Kennedy, professional staff; Dennis G. Smith, minority staff director; Carol Statuto, minority deputy staff director; Jeff Hollingsworth, professional staff; and Joan Godley, committee clerk.

Chairman **Miller**. The Select Committee on Children, Youth, and Families will come to order. My apologies for being a few minutes late. We had a Democratic Whip's meeting that ran a little bit long.

This morning's hearing is an effort to try to come to grips and to transfer some information from not only the victims of rape, but also those people who have worked in this field and have helped victims of rape, who have studied this crime, to try and help us as Members of Congress understand the trauma and the turmoil and the aftermath of the crime of rape.

As the FBI tells us, rape is reported every six minutes. Yet we also know from studies that tens of thousands of rapes go unreported every year.

Women fail to report rape to police for many reasons, including the fear of reprisal from the rapist. This fear can be especially daunting when the rapist is not a stranger. A recent survey of a large group of college students revealed that only 11 percent of those raped were raped by strangers.

Rape victims are so traumatized and so badly treated that as few as one in ten report the crime to the authorities. More than 40 percent of the rape victims report continued difficulties and depression up to two and a half years after the assault.

A rape victim's recovery is largely a process of regaining a sense of control; recovery is not to be undercut by usurping her decisions to report the crime, to terminate a resulting pregnancy, or to seek counseling.

Young men and women in volunteer, grassroots organizations in several parts of the country are developing educational and skill-building interventions designed to stop rape. Many of these interventions take place in high schools and colleges, and use techniques ranging from music videos to rap groups to debunk the myths and to teach adolescents nonviolent ways to communicate about sex.

In the near future, the select committee hopes to explore promising efforts to prevent rape, but there is a pressing matter that demands our attention today: the need to reverse the trend for lawmakers and law enforcement officials to add to the trauma the rape victim suffers.

In the fall of 1987, witnesses at the select committee's hearing entitled "Women, Violence, and the Law" testified that it is extremely difficult to press charges in cases of marital rape, to obtain protection orders and victim's compensation in cases of domestic violence, and to fund training for law enforcement officials who deal with violence against women.

The latest available statistics suggest that this cruel situation has improved little since our hearing in 1987. Like aggravated assault rates, the rate of rape has increased over the last few years. However, unlike aggravated assault, arrest rates for rape have decreased.

In recent months, Congress has debated adding new hurdles to the legal obstacle course that must be traversed by the victims of rape before they can get help they need. In the confusion and terror of the immediate aftermath of rape, some would require a woman to initiate a formal legal process that is frequently humiliating and all too often futile.

Although rape victims suffer acutely for a longer time than other victims of crime, only 14 percent of the Victims of Crime Assistance monies have been spent on sexual assault. The need for further education about the plight of the rape victim is clearly indicated.

I think also what is clearly indicated is to go back and read at this point the debate in the House surrounding the Health and Human Services appropriation bill and the amendment by Mrs. Boxer. The need will be for people to see how ignorant many of us are about the aftermath of rape, about the turmoil and the notion that we can set arbitrary timetables for the victims of rape, that we can set up a bureaucratic process for dealing with those individuals or to otherwise deny them decisions that they may desire to make or options that may be available to them, or the control over their own future.

I think it is a frightening prospect, when this question of the aftermath of rape is dealt with without benefit of an understanding of the facts as they really are with the victims of rape.

It is the intent of this hearing to try and create a database and an informational base for the members so that when we again have that debate people will understand exactly the kinds of decisions that they will be making for others should they choose to vote one way or the other because I think it's highly likely—all of the signs indicate that we will again have that debate on the floor of the Congress later this year. I think it's one that is just terribly important and obviously has risen in visibility throughout the country as women are confronted with the notion that lawmakers and policymakers are attempting to make many of these decisions for them. So that is the context in which I have asked the staff to put together in this hearing.

[Opening statement of Hon. George Miller follows:]

OPENING STATEMENT OF HON. GEORGE MILLER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA AND CHAIRMAN, SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES

In the last 15 years the rate of rape has risen four times as fast as the overall crime rate. A rape is reported to the FBI every six minutes, yet tens of thousands of rapes go unreported every year.

Women fail to report rape to police for many reasons, including fear of reprisal from the rapist. This fear can be especially daunting when the rapist was not a stranger. A recent survey of a large group of college students revealed that only 11% of those raped were raped by strangers.

Rape victims are so traumatized and so badly treated that as few as one in ten report the crime to the authorities. More than 40% of rape victims report continued difficulties and depression up to two and a half years after the assault.

A rape victim's recovery is largely a process of regaining a sense of control; recovery must not be undercut by usurping her decisions to report the crime, to terminate a resulting pregnancy, or to seek counseling.

Young men and women in volunteer, grassroots organizations in several parts of the country are developing educational and skillbuilding interventions designed to stop rape. Many of these interventions take place in high schools and colleges, and use techniques ranging from music videos to rap-groups to debunk myths and to teach adolescents non-violent ways to communicate about sex.

In the near future, the Select Committee hopes to explore promising efforts to prevent rape. But there is a pressing matter that demands our attention today—the need to reverse the trend for law makers and law enforcement officials to add to the trauma a rape victim suffers.

In the fall of 1987, witnesses at the Select committee's hearing, entitled "Women, Violence and the Law," testified that it is extremely difficult to press charges in cases of marital rape, to obtain protection orders and victim's compensation in cases of domestic violence, and to fund training for the law enforcement officials who deal with violence against women.

The latest available statistics suggest that this cruel situation has improved little since our hearing in 1987. Like aggravated assault rates, the rate of rape has increased over the last few years. However, unlike aggravated assault, arrest rates for rape have decreased.

In recent months, Congress has debated adding new hurdles to the legal obstacle course that must be traversed by victims of rape before they can get the help they need. In the confusion and terror of the immediate aftermath of rape, some would require a woman to initiate a formal legal process that is frequently humiliating and all too often futile.

Although rape victims suffer more acutely and for a longer time than other victims of crime, only 14% of Victims of Crime Assistance monies have been spent on sexual assault. A need for further education about the plight of rape victims is clearly indicated.

Today we will hear about what women undergo as a result of rape, and what kinds of support they need to begin to regain a sense of control over their lives. Witnesses will also describe what is known about patterns of rape and barriers to rape reporting, and about the status of federal efforts to eliminate those barriers.

We will learn about new data that estimate the actual number of rapes in the Los Angeles area, indicate the number of sexual assaults that go unreported, and describe the exceptional insults that African-American women often suffer when they attempt to report rapes to the police.

Among our witnesses today are leading scientists and experienced service providers who can offer the best available information about the needs of rape victims. We also welcome a prosecutor from a sex crimes unit. She will describe how arbitrary time limits could interfere with reporting this most repeated and most violating of crimes.

We are especially pleased to welcome a woman who survived both child sexual abuse and acquaintance rape, and who now helps other women recover from assaults.

I look forward to your testimony, and thank you all for coming.

VICTIMS OF RAPE

A FACT SHEET

VIOLENCE AGAINST WOMEN REACHES ALL-TIME HIGH

- In 1988, the FBI received reports of 92,486 forcible rapes of females over age 12. The actual number of rapes occurring annually are estimated to be between 200,000 and 900,000. (Uniform Crime Report, 1989; Koss, 1985)

- Based on reports to police, 16 rapes are attempted and 10 women are raped every hour. An estimated one out of every 12 rape victims is male. (Uniform Crime Report, 1989; National Crime Survey, 1989)

- Since 1974, the rate of assaults against women ages 20-24 has risen 48%, but assault rates against men in the same age group declined 12%.. (National Crime Survey, 1989)

- Rape rates have risen four times as fast as the total crime rate in the last 10 years. (Uniform Crime Report, 1989)

- An estimated 15% to 40% of women are victims of attempted or completed rapes during their lifetimes. Estimates vary widely due to low rape reporting rates, different survey techniques, and the fact that many victims do not define their sexual assaults as rape. (Koss, 1988; Russell, 1983)

- A woman is 20 times more likely to be raped in the United States than in Japan. The U.S. rape rate is 13 times higher than that of England, and nearly four times higher than that of Germany. (U.S. Department of Justice, 1988)

FEW RAPISTS ARE STRANGERS

- An estimated 60% to 80% of rape is date or acquaintance rape. (Koss, 1988; Russell, 1990)

- In a survey of 3,187 college women, 478 reported having been raped. Of those raped, 10.6% were raped by strangers, 24.9% were raped by non romantic acquaintances, 21% were raped by casual dates, 30% by steady dates, and 8.9% were raped by family members. (Koss, 1988)

- In a study of college students, 35% of men indicated some likelihood that they would commit a violent rape of a woman who had rebuffed an advance if they were assured of getting away with it. (Malamuth, 1986)

- An estimated one of every seven married women will be raped by her husband. (Russell, 1990)

UNDERREPORTING/DELAYED REPORTING OF RAPE TO AUTHORITIES COMMON

- As few as one in ten rapes are reported to authorities. Nearly half of all date rape victims never discuss the attack with anyone. (Koss, 1985; Warshaw, 1988)

- In a survey of college women, 38% reported sexual victimizations which met the legal definition of rape or attempted rape, yet only one out of every 25 reported their assault to the police. Victims of stranger rape were ten times more likely to report their attack to the police than victims of acquaintance rape. (Koss, 1985)

- A recent study found that only 16.3% of adolescents ages 11-17 who had been raped reported the attack, while 28.6% of young adults ages 18-24 reported, and 31.6% of adults over 29 years old reported. (Kilpatrick, 1990)

- Records from one rape crisis center indicate that of the 40 sexual assault victims who called in July 1989, 28% of adults called within 1 week of an assault, and 68% waited up to 3 years to make an initial contact. Of the callers who were minors, 22% called within 1 month of being victimized, while 53% waited 6 months or more following the attack. (Anne Arundel County Sexual Assault Crisis Center, 1989)

LITTLE SUPPORT FOR VICTIMS FROM MEDICAL AND LEGAL SYSTEMS

- Police frequently either regard women's rape reports as false accusations or accuse victims of precipitating attacks. One study showed that only 53.8% of rape reports women filed were listed as rape by police in statistics sent to the FBI. (Taylor, 1987)

- In a survey of social support following sexual attack, rape victims rated the helpfulness of the resources they used. Rape crisis centers were perceived most often as helpful (94.2%), and physicians and police were described least often as helpful (55.6% and 38.2% respectively). (Godling, et al, 1989)

- In a survey of victims who did not report rape or attempted rape to police, 43% cited as their reason that nothing could be done, 12% said that they were afraid of the police response, 27% said they felt it was a personal or private matter, and 12% said it was not important enough. (U.S. Department of Justice, 1979)

RAPE IS THE MOST REPEATED CRIME, BUT CONVICTIONS ARE RARE

- Convicted rapists are more likely to repeat their offense than convicted perpetrators of other violent crimes. (U.S. Department of Justice, 1989)

- In 1986, 91,460 rapes were reported to the police. In that same year, only 19.685 individuals were convicted of rape. (U.S. Department of Justice, 1989)

- Although rapes accounted for 6% of the violent crimes committed in 1988, arrests for rape accounted for only 1.8% of the total number of arrests for violent crimes. Rape rates (number per 100,000 citizens) increased 5.3% in the past five years, while arrest rates for rape increased only 3%. (U.S. Department of Justice, 1989; National Crime Survey, 1989)

- In 1986, 71% of those arrested and charged with rape in Manhattan had their cases dismissed, while the average for all felons was a 37% dismissal rate. Similarly, in Washington, DC, 50% of arrests for rape resulted in dismissals, compared with 29% of all felony arrests. (U.S. Department of Justice, 1986)

RECOVERY FROM RAPE TAKES TIME

- In a recent study of 4,009 women, rape victims were over twice as likely as nonvictims to have had major depression (54.6% vs 21.9%). (Kilpatrick, 1990)

- In a study comparing rape victims with nonvictims, victims more often experience symptoms of fear, inability to feel and express emotions, disturbances of self-esteem, problems with parents and other authority figures, sexual dysfunction, and reduced effectiveness on the job for up to 2 years post-assault. (Kilpatrick, et al, 1988; Koss & Burkhart, 1989)

- Non-stranger rape victims blame themselves more and rate themselves as less recovered than victims of stranger rape for up to 3 years after the rape. (Katz & Burt, 1986)

- When compared with nonvictims, rape victims have been found to be 8.7 times more likely to have made a suicide attempt. (Kilpatrick, et al, 1985)

June 28, 1990

Chairman **Miller**. With that, I will recognize the ranking minority member, Mr. Bliley from Virginia.

Mr. **Bliley**. Thank you, Mr. Chairman. We cannot hope to achieve a final victory over the hatred and moral and physical evil which is embodied in the crime of rape in a single hearing. We cannot expect that the pain and suffering of so many women and their families will be washed away forever by our proceedings this morning. But we can offer our compassion as a constant source of strength to them. We can hope that the steadfast assurances of justice will be consoling to them.

Justice is a vital part of the compact between citizens and their government. Locke describes the two great powers in the state of nature, the power to preserve one's own life, liberty, and possessions, and the power to punish crimes against the natural law of self-preservation.

In a civil society we hand over the right to punish to the authorities. We relinquish this right only with the understanding that the community will exercise the power of punishment. As a society, therefore, we owe it to the victim to assure that our criminal justice system punishes the offender.

Part of our responsibility today as a select committee must be to understand the antecedents of this violent act against the victim and against society. First, we must acknowledge that we live in a violent world. Between 1970 and 1987 the estimated rape or forcible rape increased exactly 100 percent, from 18.7 rapes per 100,000 people to 37.4 rapes per 100,000. However, it is also important to understand that most of that increase occurred between 1970 and 1980. Between 1970 and 1980 the rate increased 96 percent.

In his testimony today, Dr. Dean Kilpatrick will tell us that the rape statistics are fundamentally flawed so it is not possible to draw accurate conclusions about the true incidents of rape. To make my point, therefore, we need to consider other crimes as well.

Between 1970 and 1987, assault increased 113 percent. However, it is important to realize that the greatest increase, again, occurred during the 1970s. Between 1970 and 1980 the rate of assault increased by 81 percent. In the past seven years it has increased by 18 percent.

Robbery increased by 46 percent between 1970 and '80, but has actually declined by 18 percent since 1980.

All violent crimes increased by 67 percent between 1970 and 1987 but, again, the greatest proportion of increases occurred during the period between 1970 and '80.

Thus, I think that we can conclude that the decade of the '70s was a decade of violence for our society and we have remained at a high level of crime. The effects of that social upheaval during the '70s is still rippling through our land.

Second, we find once again the brutal effects of drugs. In over half of all the rape cases the criminal was under the influence of drugs and/or alcohol at the time of the offense. The use of drugs should never be an excuse or rationalization. A person who is under the influence of drugs is still culpable for his actions. Unless we hold the offender accountable, the victim's right to justice will be thwarted.

Finally, we must understand the violence within families if we are to understand rape. Rape is an individual act of violence, but it is also a reflection of a decaying culture. The modern world has been unfaithful to the traditions of the family. The mass culture bombards the family with messages of violence, pornography, self-worship, and social disorder. Authentic love within the home is challenged by today's culture, which thrives on mistrust, vanity, and malice.

It should be no surprise to us that rape is generally committed against a young person by a young person. Forty-three percent of those arrested for forcible rape were under the age of 25. A young person is most vulnerable to the false promises of those destructive messages. It should be no surprise to us that in three-quarters of spousal assault cases the victims are divorced or separated at the time of the incident.

The experience of history demonstrates that when the stability of the family is shaken the rest of society feels the shock waves. The trauma of rape is one of those shock waves. If we are to deal with the effect of family violence, we must deal with its cause. We can point to a great deal of progress the states have made to help victims take the offender to trial. We can explore the extent to which medical services have assisted the victim to overcome their trauma. We can generate support for victim compensation programs.

For example, I am the co-sponsor of a bill to provide a victim of rape or sexual assault with a cause of action against producers and distributors of pornographic material, and I look forward to the recommendations of the panelists who will offer suggestions for improvement. But I am not certain we can ever give an adequate reply to those who would ask whether the federal government can possibly heal the wounds of the victims of rape. That would indeed stretch far beyond our poor capabilities.

Thank you, Mr. Chairman.

[Opening statement of Hon. Thomas J. Bliley, Jr., follows:]

OPENING STATEMENT OF HON. THOMAS J. BLILEY, JR., A REPRESENTATIVE IN CONGRESS FROM THE STATE OF VIRGINIA AND RANKING REPUBLICAN MEMBER

We cannot hope to achieve a final victory over the hated and moral and physical evil which is embodied in the crime of rape in a single hearing. We cannot expect that the pain and suffering of so many women and their families will be washed away forever by our proceedings this morning. But we can offer our compassion as a constant source of strength to them. We can hope that the steadfast assurances of justice will be consoling to them.

Justice is a vital part of the compact between citizens and their government. Locke describes the two great powers in the state of nature: the power to preserve own's life, liberty, and possessions; and the power to punish crimes against the natural law of self preservation. In a civil society, we hand over the right to punish to the authorities. We relinquish this right only with the understanding that the community will exercise the power of punishment. As a society, therefore, we owe it to the victim to assure that our criminal justice system punishes the offender.

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Between 1970 and 1987, assault increased 113 percent. However, it is important to realize that the greatest increase occurred during the 1970s. Between 1970 and 1980, the rate of assault increased by 81 percent. In the past seven years, it has increased by 18 percent. Robbery increased by 46 percent between 1970 and 1980, but has actually declined by 18 percent since 1980. All violent crimes increased by 67 percent between 1970 and 1987, but again, the greatest proportion of increase occurred during the period between 1970 and 1980. Thus, I think that we can conclude that the decade of the seventies was a decade of violence for our society and we have remained at a high level of crime. The effects of that social upheaval during the 1970s is still rippling through our land.

Second, we find once again the brutal affects of drugs. In over half of all rape cases, the criminal was under the influence of drugs and/or alcohol at the time of the offense. The use of drugs should never be an excuse or a rationalization. A person who is under the influence of drugs is still culpable for his actions. Unless we hold the offender accountable, the victim's right to justice will be thwarted.

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VICTIMS OF RAPE

Minority Fact Sheet

June 28, 1990

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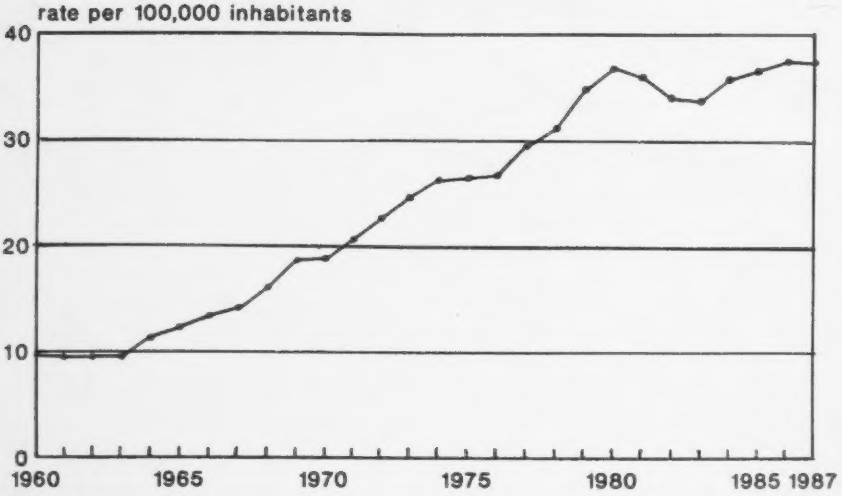
Prepared by
D. Jeffrey Hollingsworth

RAPE: FACTS AND FINDINGS

THE NATURE AND SCOPE OF RAPE

o Forcible rape comprises 6% of all reported violent crimes in the U.S. Historical trends show that The rate of forcible rape per 100,000 people has risen by 100% since 1970. The rate per 100,000 was 18.7 in 1970, 26.3 in 1975, 36.8 in 1980, and 36.4 in 1987. [Federal Bureau of Investigation, Uniform Crime Reports for the United States, 1988, p. 16; U.S. Justice Dept., Bureau of Justice Statistics, Sourcebook of Criminal Justice Statistics - 1988, Table 3.115]

Estimated Rate of Forcible Rape Known to Police



Sourcebook of Criminal Justice Statistics--1988, Table 3.115

o "It is still a fact that sexual assaults remain the most under-reported cases within the criminal justice system. This is true despite the fact that during the last two decades, in almost every state...significant legislative changes were enacted for the purpose of increasing the ability to successfully prosecute sex offenders. Even with these modifications, victims remain reluctant to report crimes of sexual assault to law enforcement agencies." [Prepared statement of Linda Fairstein, Asst. District Atty., New York County, N.Y., to the U.S. Senate Judiciary Committee hearing "Violence Against Women," 6/20/90, pp. 1, 2.]

o "Government estimates suggest that for every rape reported, 3-10 rapes are committed but not reported...Likewise, it is difficult to obtain realistic estimates of the number of men who perpetrate rape because only a fraction of reported rapes eventually result in conviction. The authors of the (National Crime Survey) have observed...that 'rape is clearly an infrequent crime' and that it is 'the rarest of NCS measured violent offenses.'" [Koss, Gidycz & Wisniewski, "The Scope of Rape: Incidence an Prevalence of Sexual Aggression and Victimization in a National Sample of Higher Education Students." Jrnl. of Consulting & Clinical Psychology, Vol. 55, No. 2, p. 162 (1987)]

o As of 1988, the clearance rate (i.e., arrest or other conclusive disposition) for reported forcible rapes nationwide was 52%. Clearance rates are highest in the South (56%) and by rural law enforcement agencies (55%); the lowest clearance rates are in the Midwest (45%) and by urban authorities (52%). For the 5-year period 1984 through 1988, rape arrests nationwide increased by 3%. [Uniform Crime Reports, op. cit.]

o Forcible rape has the third highest clearance rate of all Uniform Crime Reports Index crimes. Only murders and aggravated assaults have higher clearance-by-arrest rates. [U.S. Justice Dept., Bureau of Justice Statistics, Report to the Nation on Crime and Justice, Second Edition, March 1988, p.68]

RAPE: CRIME AND PUNISHMENT

o "There is nothing in the conviction/sentencing outcomes to suggest that rape is responded to less vigorously, or less effectively, than other felony cases. Instead, (excepting homicide) it would be more accurate to conclude that justice officials deal more severely with rape cases than with other major felonies." [D. J. Steffensmeier, "Uniqueness of Rape? Disposition and Sentencing Outcome of Rape in Comparison to Other Major Felonies," author abstract, Sociology & Social Research, April 1988]

o Forcible rape in which the victim dies from injuries is ranked by the public as a more severe crime than any other. [Sourcebook of Criminal Justice Statistics-1988, op. cit., Table 2.37]

o The public preferred that the death penalty be imposed most often in cases of homicide during forcible rape when surveyed about three major homicide offenses. Execution for that crime was favored by 41.7% of respondents; for homicide during armed robbery by 37.1%; for murder by 29.7%. [ibid., Table 2.38] o Among more than two dozen major crimes, the public prefers the longest prison or jail sentences for rape resulting in the victim's death (average suggested sentence: 416 months). This is followed by armed robbery resulting in homicide (365 months) and murder (349 months). [ibid., Table 2.39]

o A rape conviction will result in a sentence to prison or jail more often than any other crime except murder. Of convicted rapists as of 1986, 88% were sentenced to incarceration, a higher rate than for all other felonies besides murder. As of 1984, among all felons, convicted rapists were exceeded only by convicted murderers in average length of sentence, average time served, and average length of parole. [ibid., Tables 5.31, 6.69, 6.88; pp. 561, 640, 654]

THE RAPE VICTIM

o Based on analyses of victimization rates as of 1987, the most likely victim of a forcible rape is a black female between 16 and 24 years old who:
--has never been married,
--has not completed high school,
--resides in the central city,
--comes from a single-parent, female-headed household,
--earns $7,500 or less annually, and
--will be assaulted by a stranger. [U.S. Dept. of Justice, Bureau of Justice Statistics, Criminal Victimization in the United States, 1987, Tables 4, 6, 7, 12, 13, 15, 16, 18, 44. Washington, D.C., June 1989]

o Evidence is consistent that violence involving non-strangers, particularly relatives, is under-reported and victims are often reluctant to discuss it with either police or with survey researchers. However, a victim is raped by a stranger in 56% of the known (i.e., reported) cases; by a non-stranger in 40% of the cases. Perpetrators of unestablished relationship account for 4% of rapes. Of the strangers, 49% were completely unknown to the victim while 7% were known by sight only. Of the non-strangers, 35% were acquaintances; 16% were identified as "casual acquaintances." [Bureau of Justice Statistics, "Violent Crime by Strangers and Nonstrangers," pp. 1, 2. Washington, D.C.: Jan. 1987]

o Resistance or some form of self-protective measure (screaming, talking, etc.) is used by nearly 85% of rape victims (89% of whites, 72% of blacks). The leading strategy is "nonviolent resistance, including evasion," employed in 38.8% of cases. [Criminal Victimization in the United States, op. cit., Table 103]

o Adolescent rape tends to involve coercion more than violence. Adolescents are more likely to be raped than older females, they suffer more severe mental and emotional trauma, and experience greater difficulty obtaining help. ["Who Pays for the Cure? Restitution for Adolescent Rape Victims," Journal of Contemporary Law, Vol. 13, No. 2, 1987]

"DATE RAPE" AND SPOUSAL RAPE

o Research has identified three categories of most-likely victims of spousal rape: Battered women, women in relationships plagued by specific sexual conflicts, and women married to men having bizarre sexual obsessions. Most victims do not resist assault due to fear of more abuse, self-blame, or feelings of futility about resistance. [Finkelhor & Yllo, "Rape in Marriage," from Abuse and Victimization Across the Life Span, Johns Hopkins Univ. Sch. of Public Health, Baltimore, 1988.

o Adolescent date rape is prevalent; high school dating is known to include sexual coercion and violence. Risk factors for adolescent date rape include miscommunication about sex, alcohol and/or drug abuse, male acceptance of the rape myth, and "parking." [Lundberg-Love & Geffner, "Date Rape: Prevalence, Risk Factors, and a Proposed Model," from Violence in Dating Relationships, Praeger Publishers, New York, 1989]

o The Koss-Ms. Magazine research on date and acquaintance rape determined that teenagers, college students, younger, single working women, and older women are most at risk for rape of this type. Risk factors include interpersonal violence, alcohol and drug abuse, and miscommunication about sex. [R. Warshaw, I Never Called It Rape: The Ms. Report on Recognizing, Fighting, and Surviving Date and Acquaintance Rape, Harper & Row, New York, 1988]

o Preventing date rape includes developing more assertiveness, avoiding situations where alcohol abuse can occur, insisting on being treated respectfully, and being straightforward with dates about feelings and attitudes toward sex. [Coping With Date Rape and Acquaintance Rape, Rosen Publishing Group, Inc., New York, 1988]

THE RAPIST

o More convicted rapists - - 56.7% - - were under the influence of alcohol or drugs at the time the rape was committed than any other criminals except kidnappers. More rapists were under the influence of **both** alcohol and drugs at the time (25.2%) than the perpetrators of any other felony. [Sourcebook of Criminal Justice Statistics, op. cit., Table 6.45]

o "Of the forcible rape arrestees in 1988, 43 percent were persons under the age of 25, with 29 percent of the total being in the 18- to 24-year age group. Fifty-three percent of those arrested were white, 46 percent were black, and all other races comprised the remainder." [Uniform Crime Reports, op. cit., p. 16]

o The crime of rape is most often committed by a lone perpetrator against a lone victim, usually in or near the victim's home at night. [Report to the Nation on Crime and Justice, op. cit., p. 2]

o Youthful violent sex offenders tend to come from single-parent families in which there is a history of violence or child abuse, to have few female friends, to report less sexual activity or experience than average, and to have fewer internal behavioral controls. ["Explanations of Sexual Assault Among Violent Delinquents," Journal of Adolescent Research, Vol. 3, Nos. 3-4, 1988]

o Black intra-racial rapes involve persons well acquainted or sharing an intimate relationship more often than white intra-racial and black-white inter-racial rapes, which are more likely to involve strangers. Whites, more than blacks, are most prone to use weapons and to be serial rapists. ["Is Interracial Rape Different?", Sociology and Social Research, Oct. 1988]

THEORIES OF RAPE

o Research has identified several categorical profiles of the rapist:

--"pseudo-unselfish," who does what the victim permits;
--"selfish," who does whatever he wants to the victim;
--"power reassurance," who rapes to reassure himself of his masculinity;
--"power assertive," who rapes to express dominance over women;
--"anger retaliatory," who rapes to "get even" with women;
--"anger excitation," stimulated by inflicting pain and humiliation;
--"opportunistic," who rapes as an afterthought to some other crime;
--"gang rapist," involving two or more with an apparent leader. ["Analyzing the Rape and Profiling the Offender," from Practical Aspects of Rape Investigation, op. cit.]

o "Regarding exposure to violent forms of pornography, evidence suggests that it is much more likely to incite aggression, specifically toward women, than exposure to nonviolent forms...(E)xplicitness... may not be nearly as important as the degree to which sexuality is interwoven with aggression and violence." [ibid., pp. 36-37]

o "...(P)ornography harms those women who are coerced into and brutalized in the process of producing pornography. The second harmful effect...is a general increase in sexual violence directed against women...that would not have occurred but for the massive circulation of pornography. A final source of evidence concerning the harm caused by pornography is victim testimony showing that many perpetrators of sexual violence use pornography." [Prof. Cass R. Sunstein, "Pornography and the First Amendment," Duke Law Journal, Sept. 1986, pp. 595, 597, 600]

o "The liberalization of pornography laws in the United States, Britain, Australia and the Scandinavian countries has been accompanied by a rise in reported rape rates. In countries where pornography laws have not been liberalized, there has been a less steep rise in reported rapes. And in countries where restrictions have been adopted, reported rapes have decreased." [ibid., p. 599]

o "(W)here there is evidence showing a causal relationship between exposure to violent pornography and aggressive behavior, the stimulus...contains two elements, the violence and the sex." [Final Report of the Attorney General's Commission on Pornography, 1986, p. 320]

o "Since the...evidence supports the conclusion that there is a causal relationship between exposure to sexually violent materials and an increase in aggressive behavior directed towards women,...we have reached the conclusion, unanimously and confidently, that the available evidence strongly supports the hypothesis that substantial exposure to sexually violent materials...bears a causal relationship to antisocial acts of sexual violence and, for some subgroups, possibly to unlawful acts of sexual violence." [ibid., pp. 325-26]

REFORMS OF RAPE LAWS

o Over the past decade, 48 states have enacted new or revised rape victim "shield" laws and one state (Arizona) has attained the same result through a state court ruling. These laws restrict use of evidence of rape plaintiffs' prior sexual conduct in order to encourage rape reporting, reduce use of irrelevant evidence, and end defense tactics that put the victim on trial. [Merry C. Evans, "The Missouri Supreme Court Confronts the Sixth Amendment in its Interpretation of the Rape Victim Shield Statue," Missouri Law Review, Fall 1987, pp. 925-26]

o Changes in rape laws, such as removing the victim corroboration requirement, are considered by legal experts to improve the chances that prosecutors will pursue a rape case, increase the likelihood of conviction, and enhance victim cooperation with police. [Smith & Chapman, "Rape Law Reform Legislation: Practitioners' Perceptions of the Effectiveness of Specific Provisions," Response, Vol. 10, No. 4, 1987]

o Third-party liability civil suits against institutions such as colleges, fraternity chapters, and their individual members is a growing option by victims of gang rapes, making it possible for students to bring charges for not being warned against known hazardous situations or for not correcting such situations. [Ehrhart & Sandler, "Party Rape," Jrnl. of the Center for Women Policy Studies, Vol. 9, No. 1, 1986] O

o As of 1988, 30 states had repealed spousal exemption provisions in their rape statutes. In the remaining 20, causes of action exist under various limitations, such as only if the parties are legally separated, living apart, or divorced. [National Center on Women and Family Law report, "Marital Rape," 1990]

HELPING RAPE VICTIMS

o Rape victims have wide-ranging reactions to the experience, but common ones are fear, shame, guilt, anger, and feelings of powerlessness. Reporting rape to the police, obtaining medical care, and seeking counseling can help alleviate or overcome these reactions. [Roden & Aberbanel, "Understanding Sexual Abuse and Date Rape," Rape Treatment Center, Santa Monica, Cal.: Robert Ellis Simon Foundation, Beverly Hills, Cal., 1987]

o More than 2,700 local, 268 state, and 100 national agencies, organizations, service facilities, research centers, and clearinghouses exist to help sexual assault victims and their families. [Sexual Assault and Child Sexual Abuse: A National Directory of Victim-Survivor Services and Prevention Programs, Oryx Press, Phoenix, Ariz., 1989]

o In FY 1989, under the Victims of Crime Act (VOCA) Victim Assistance Grant Program, the 50 states and other U.S. jurisdictions received $6,183,639 (as of 6/18/90) in Federal funds to support programs helping sexual assault victims, both adults and children. This was 23% of all funds given to the states. By comparison, $5.6 million was awarded for this purpose in FY 1986, or 16% of all funds awarded states. [U. S. Justice Dept., Office of Justice Programs-Office for Victims of Crime, program summary sheet, 6/90]

o States awarded $29,037,654 for 25,232 claims made in FY 1989 by sexual assault victims. In some instances, a victim had more than one claim approved for payment. Most of the compensation is to cover medical expenses, including mental health counseling. The figures cover all 42 participating states except New York, which combines all assaults, including sex offenses, into one category. By comparison, 34 states paid $11.1 million to cover 9,126 claims in FY 1986. [Ibid.]

o The Pornography Victims Compensation Act (H.R.3785-Tauke/S.1226-McConnell) would permit a private right of action under appropriate Federal or state laws to sex crimes victims, their guardians, and/or estates against distributors, producers, exhibitors and sellers of pornography, jointly and severally, if the plaintiff(s) can demonstrate that the material at least influenced or incited the sex offender to commit the crime. [Pornography Victims Compensation Act of 1989 "Summary," Ofc. of Sen. Mitch McConnell (R-KY), q.v. Sen. McConnell's Statement of Introduction, S.1226, Congressional Record, 6/22/89, p. S7281]

Chairman MILLER. Thank you. Mrs. Boxer.

Mrs. BOXER. Thank you, very much, Mr. Chairman, for holding this hearing. It is very timely. As you point out, the Boxer Amendment will be coming back which deals with making Medicaid funding available to a victim of rape or incest if that woman feels that she wants to have the choice to end a pregnancy of violence.

I think that rape is one of the most heinous crimes that there is in the world. It's dehumanizing. It's shocking. It's violent. When we look at statistics and we hear statistics thrown around and we're not sure exactly what they are—this percent, that percent—it really isn't the story. I think the story is what you're about to tell us today, and that's why this statement is going to be very brief. Why do you think it happens? What can we do to cut down on it? And how can we help the victims of rape?

There are many theories as to why there's an increase in the crime of rape. Some people, and you've heard it here today, equate it with pornography. Others say the society in the last ten years, with all its promises, isn't living up to those promises.

I don't know what the answer is. I only know one thing: A woman who is raped should not be forced to bear a child if that's one of the results of it. For a society that says there are too many Willie Hortons out on the street—and I agree with that, there are too many people out on the street who belong behind bars—for that same society to say but you have to bear the child of that Willie Horton is an absurdity.

So I hope that you will teach us and you will talk to us and you will enlighten us, because I think we need that kind of enlightenment. I don't think any of us has the answers today.

Thank you, Mr. Chairman.

Chairman MILLER. Thank you. Mr. Weldon.

Mr. WELDON. Thank you, Mr. Chairman. Let me also add my congratulations to you and the committee staff and the ranking member, Mr. Bliley, for putting together what I think will be a much needed and very important hearing for the Members of Congress to listen to the very real-life testimony of not just the victims of rape, but those who have spent years in the trenches counselling people who have been subject of this gross crime. I'm here as one of those who hopes to learn from this proceeding and hopefully can then translate the lessons that we learn into legislative action.

I want to welcome our distinguished witness list. I've looked over their testimony and I'm eagerly awaiting their very personal comments today because I think they bring a very broad range of perspectives to a problem that Congress needs to focus on.

I want to especially welcome someone from my own congressional district, Joyce Dale, who will be our final witness. She's currently the Executive Director of the National Network for Victims of Sexual Assault. Long before it was the "in" thing for Congress to be talking about and dealing with rape, Joyce Dale started a very proactive effort in our home county, Delaware County—a county of about 560,000 people. She formed the Women Against Rape, one of the most successful programs not just in our state but perhaps in the nation.

Joyce has focused an awareness in our county and in all of Pennsylvania on the need for government to respond with appropriate assistance to victims of rape, and also the other parameters that perhaps tend to be overlooked. Besides the outstanding counselling services that are available through Women Against Rape, the Center also offers a tremendous outreach program—going into our public schools and educating our teachers and our young people on the problems and the potentialities that can lead to a situation that would invite rape.

In addition, Women Against Rape champions a very strong effort to educate and sensitize our law enforcement personnel, our police departments, our judges, our prosecutors, our attorneys, so that everyone is aware of the problem of rape, the impact that it has on the victims, and how each in their respective role must be sensitive to the concerns of one person, and that one person is the victim.

I'm looking forward to hearing the recommendations of all of you. I think you have a lot of important information that we need to hear and that needs to be placed on the record. I thank you all for coming today, look forward to your testimony, and Joyce, specifically, let me welcome you to Washington and we look forward to your testimony as well.

Thank you.

Chairman Miller. Mr. Machtley.

Mr. Machtley. Thank you, very much, Mr. Chairman. I, too, would like to join my colleagues in commending you for this hearing today.

This crime of rape is certainly not a new one. It is a violent and violating crime. In the United States alone a woman is raped approximately every six minutes, and one woman in three will be sexually assaulted during her lifetime.

In the State of Rhode Island, where I come from, in 1989 we had 1,400 cases of sexual assault reported. That's up 50 percent over the last 15 years. These figures represent, I'm afraid, just the tip of the iceberg, because the FBI has estimated that only one in ten rapes are ever reported and that in 85 percent of all rapes the victim knew or would know their assailant.

I think it's important that government understands the humanness of this crime, the violence of this crime, and that we try and deal with it on a human basis as opposed to a bureaucratic basis. How long are we going to allow the obscene violation of innocent victims to continue before we try and figure out a solution?

I think that this issue has to be dealt with openly and honestly in a forum such as this. Victims need not be blamed. They need not be required to hide and blame themselves for what was obviously a terrible act and, in fact, becomes a terrible secret for them.

Programs encouraging victims to come forward must be encouraged. In my state of Rhode Island, again, I'm proud that we have an Adolescent Assault Awareness Program which is targeted at young victims, encouraging them to talk about this crime.

Certainly, some progress has been made and there has been shield laws and some reforms, but I doubt if we've gone far enough—I doubt if we even know how to proceed. So this hearing will in fact share some of the answers to the questions that we're not even smart enough to ask at this point.

I think this problem is one of overwhelming proportions, and it certainly needs our attention and our response, and I welcome the opportunity to hear the testimony today.

Chairman **Miller**. Thank you. Congressman Walsh.

Mr. **Walsh**. Thank you, Mr. Chairman. I would like to join my colleagues in congratulating you for holding this important hearing and thank you for doing it, and I would just like to say very briefly that I would like to identify with much of what has been said already.

Rape is a despicable crime. It has no place in a civilized world, and we have a responsibility, we Members of Congress, to do whatever we can to eliminate this crime from a—if we're to be a progressive society, we're going to have to see these statistics go down and down and down to a point where they disappear. It's just not something that we can tolerate in our society.

Chairman **Miller**. Thank you. I thank all of my colleagues and committee members for attending this morning's hearing.

Now we'll get on with the testimony. Let me say again that obviously there are many, many aspects of the crime of rape that we could discuss here this morning. It is my concern that we try, to the extent we can, to discuss the aftermath of this crime because it is that which we see the Congress actively engaged in dealing with either in terms of reporting requirements or, as I said, limiting access to abortion or to whatever options people might seek or choose.

But obviously there is a wide panorama here and the committee will hold additional hearings on this subject dealing with the issues, as I said, of prevention and law enforcement response and all that. Some of that is part of your testimony and well should be, but if we can try keep to some extent to enlightening us about the aftermath—so we will begin.

I believe every member of the panel is here this morning, which is made up of Martha Zehner, who has a Masters in Social Work, and is a survivor of rape and now a psychotherapist at the Spring Garden Psychological Association in Hellam, Pennsylvania; Dr. Gail Elizabeth Wyatt, who is Associate Professor of Medical Psychology, University of California at Los Angeles; Dr. Dean Kilpatrick, who is Professor of Clinical Psychology and Director of the Crime Victims Research and Treatment Center of the Medical University of South Carolina in Charleston, South Carolina; Wanda Keyes-Robinson, who is the Division Chief of the Sex Offense Unit, Office of State's Attorney in Baltimore City; Jane Nady Burnley, who is the Director of Office of Victims of Crimes, U.S. Department of Justice here in Washington; and B. Joyce Dale, who is the Executive Director of Delaware County Women Against Rape, Media, Pennsylvania, and President of the National Network for Victims of Sexual Assault in Arlington, Virginia.

Ms. Zehner, we'll start with you, and the extent to which you can keep your statements within five or ten minutes so that there will be plenty of time for members of the panel to ask questions—and excuse me, we just had a new member join is.

Mr. Sarpalius, if you have any statement you'd like to make, welcome.

Mr. **Sarpalius**. No.

Chairman **MILLER**. Okay. Martha, we'll start with you. Thank you.

STATEMENT OF MARTHA ZEHNER, M.S.W., SURVIVOR OF RAPE AND PSYCHOTHERAPIST, SPRING GARDEN PSYCHOLOGICAL ASSOCIATES, HELLAM, PA

Ms. **ZEHNER**. Thank you. My name is Martha Zehner, and I am a clinical social worker specializing in work with victims of rape and child sexual abuse. I am also a victim-survivor of rape. It happened to me in July of 1967 when I was working at a hospital in a social services department.

Chairman **MILLER**. We need you to move the microphone a little bit closer to you from the—yes.

Ms. **ZEHNER**. Okay. Is that better?

Chairman **MILLER**. That's fine.

Ms. **ZEHNER**. Okay. I worked at this hospital during my years in college and became a full staff member in June of '66 when I graduated. One of my jobs at the hospital was to liaison with staff from other agencies who were called in to provide services to patients in the hospital. Michael, representing the Probation Department, had been serving in this role for approximately two years and I had known him during that time.

One day in July Michael asked me for a date. We went out to dinner together and afterwards were driving around the city when he began to make sexual advances to me. I wasn't comfortable with this and told him so. He began to drive around again, but in silence. Then, several minutes later, he pulled out a gun and placed it on the seat beside him and offhandedly said that he was too full after dinner to keep it tucked inside his coat.

I was shocked, and I asked what on earth he was doing carrying around a gun. He then told me that working for the Probation Department was only a cover, and that he really worked for the FBI. He continued driving around in angry silence, and I began to feel scared. He then drove us to a secluded area of a park and, there, he proceeded to rape me.

I tried to push him away. I told him to stop. But it didn't help. All the time, I had the vision of that gun laying beside him. He was strong. He knew what he wanted, and he went about it in a very cold, calculated manner. I was terrified, I was in pain, and I was mortified.

Afterwards, he just proceeded to drive me home. I went into the house and I spoke to no one. I was numb. I just went in and I took a long shower. I felt dirty. I was in a lot of pain. I was sore all over, and my mind just alternated between being completely dull to racing nonsensically. I got into bed, but I didn't sleep at all that night. My mind kept picturing what had happened and asking why, what more I might have done to have stopped him. I felt ashamed, as if something was wrong with me.

I didn't at this point know anyone that this had happened to and, somehow, I was afraid that it had been my fault. I kept rehearsing the scene over and over in my mind, trying to see how I could have made it be different, what I'd missed that might have warned me he would try this, he would rape me.

I spent the next 24 to 36 hours in a daze, explaining to my family that I just didn't feel well. It never really crossed my mind to tell them what had happened. I alternated between hiding from the world in my room and feeling so trapped that I would get in my car and ride around, just to assure myself I could run away if I needed to.

Monday came and I went through the motions of going to work. When I got into the hospital I basically buried myself in my work. I avoided all my colleagues and all my friends. I couldn't imagine looking at a friend and having a conversation. I was terrified that someone would see that I was different. I certainly felt different.

There was a manic quality about my existence the next several days, weeks, and months. I think I felt that if I kept moving and kept busy, I wouldn't know what I was feeling or thinking, and that I could make believe nothing had happened. I didn't tell anyone what had happened—that I had been raped—not until I learned that I was pregnant. Then, I knew that I needed help.

Why didn't I tell anyone? One reason was that I was just too scared and I was too much in shock. I didn't think anyone would believe me. I couldn't believe myself. I felt that if I tried to tell anybody officially about it that they would question Michael and he would deny it. I wasn't sure who he really was by this time, but I knew that he frightened me and I thought he would be much more convincing than I was. I was really afraid of him at this point. Underneath all of that, I just couldn't believe that this had happened to me. I wanted to make believe it hadn't happened. I wanted to make it go away.

Why didn't I report it to the police? Well, despite what you're supposed to learn, when I was young, I really didn't learn that the police were my friends. I could not imagine walking into a police station and trying to tell a policeman about this. I was too scared. I was too embarrassed. Again, I also believed if I did try and report it, they would contact Michael, and I really felt he would talk his way out of it. Somehow, I felt that I would be in more trouble than I already was if I tried to talk to the police.

The media at this point certainly had not painted a pretty picture of how women were treated when they reported rape. As I said, beneath it all I just wanted to forget it. I wanted to make it go away.

I now understand that this impulse to try and forget what happened is a common psychological defense, one that I had learned well. People use different defenses in order to cope with what seems too difficult to handle, and indeed this rape experience was both unacceptable to me and overwhelming. So, in order to emotionally survive it my mind automatically called in this defense mechanism and I just numbed myself out. That's how I handled it. That's what I needed to get through.

I still experienced nightmares, a preoccupation with a soreness and a discomfort in my whole body, and I avoided all social situations, but basically my mind concentrated its energy on trying to believe that nothing had happened, that I could handle this, that I could maybe just try and be the same as I always had been.

Years later, when I had created enough emotional distance from this experience, I could begin to understand what happened to me, how frightened I was, and really how ill-equipped I was to handle it. Years later I could understand it wasn't my fault, that there is no way I could have guessed what would happen, and really no way I could have stopped him. Years later I could begin to heal myself, and I now work with other women to help them heal themselves from this experience of sexual assault.

Thank you for listening to my testimony.

[Prepared statement of Martha Zehner follows:]

PREPARED STATEMENT OF MARTHA ZEHNER, M.S.W., SURVIVOR OF RAPE AND PSYCHOTHERAPIST, SPRING GARDEN PSYCHOLOGICAL ASSOCIATES, HELLAM, PA

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I had worked at this hospital summers, while attending college, and became a full time staff member upon graduation in June of 1966. One of my jobs at the hospital was to liaison with staff from other agencies who were called in to provide services to hospital patients. Michael, representing the Probation Department, had been serving in this role for approximately two years and I had thus known him casually during this time.

One day in July, Michael asked me for a date. We went out to dinner together and afterwards were driving around the city, when he began to make sexual advances towards me. I wasn't comfortable with this and told him so. He began to drive around again, but in silence. Then, several minutes later, he pulled out a gun and placed it on the seat beside him and off-handedly said that he was too full to keep it tucked inside his jacket. I was shocked and asked what on earth he was doing carrying around a gun. He then told me that working for the Probation Department was only a "cover" and that he really worked for the F.B.I. He continued driving around and I began to feel scared. He drove us to a secluded area of a park and there he proceeded to rape me. I tried to push him away, told him to stop, but it didn't help; and all the time I had the vision of that gun laying beside him. He was strong, he knew what he wanted, and he just went about it in a very cold, calculated manner. I was terrified, I was in pain, and I was mortified. He then proceeded to drive me home.

I went into the house, spoke to no one and proceeded to take a long shower. I felt dirty, I was in a lot of pain, I felt sore all over, and my mind alternated between being completely dull to racing nonsensically. I got into bed, but didn't sleep at all that night. My mind kept picturing what had happened, asking why, and what more could I have done to stop him. I felt so ashamed, as if something was wrong with me. I didn't know anyone this had happened to and somehow I was afraid that in some way it had been my fault. I kept rehearsing the scene over and over in my mind, trying to see how I could have made it be different—what had I missed that might have warned me he would do this to me.

I spent the next 24-36 hours in a daze, explaining to my family that I just didn't feel well. I alternated between hiding from the world in my room and feeling so trapped that I'd get in my car and ride around to assure myself that I could run away.

Monday came and I went through the motions of going to work. When I got to the hospital I buried myself in my work, avoiding all colleagues and friends. I couldn't imagine looking at a friend and having a conversation. I was terrified that someone would see that I was different. There was a manic quality about my existence the next several days, weeks and months. I think I knew that if I kept moving and kept busy that I wouldn't know what I was feeling or thinking, and that I could make believe nothing happened. I didn't tell anyone what had happened, that I had been raped—not until I learned that I was pregnant. Then I knew that I needed help.

Why didn't I tell anyone? One reason was that I was too scared, too much in shock. I didn't think anyone would believe me, I felt that if I tried to tell anyone officially about it, that Mike would deny it. I wasn't sure who he really was, but he frightened me and I thought he would be more convincing than I was. But underneath all that, I couldn't believe this had happened to me. I wanted to make believe it hadn't happened.

Why didn't I report it to the police? First of all, I didn't learn that the police were my friends. I could not imagine walking into a police station and trying to tell a policeman about this. I was too scared, too embarrassed. And, I also believed that Mike would talk his way out of anything I said about him. Somehow I felt that I would be in more trouble than I already was if I tried to talk to the police. The media did not paint a pretty picture of how women were treated when they reported rape and beneath it all I just wanted to try to forget it.

I now understand that this impulse to try and forget what happened is a common psychological defense mechanism, learned in childhood. People use defense mechanisms in order to cope with what seems too difficult to handle. And indeed this rape experience was both unacceptable to me and overwhelming. So in order to emotionally survive, my mind automatically called on a basic defense mechanism. I still experienced nightmares, a preoccupation with soreness and discomfort in my body and an avoidance of social situations; but basically, my mind concentrated its energy on believing that nothing happened and that I was all right.

Years later, when I had created enough emotional distance from this rape experience, I could begin to understand what happened to me, how frightened I was and how ill equipped I was to deal with the experience. Years later I could understand that it wasn't my fault, that there was no way I could have guessed what would happen. And years later I could begin to help myself and other women learn how to heal from the experience of sexual assault.

Chairman MILLER. Thank you. We're going to hear from the entire panel and then we'll open it up for questions.

Let me just say, in case you're—I assume the staff told you, but your written statements and supporting statements that you think are important—this will all be made part of the formal record so you can proceed in the manner in which you're most comfortable.

Dr. Wyatt.

STATEMENT OF GAIL ELIZABETH WYATT, PH.D., ASSOCIATE PROFESSOR OF MEDICAL PSYCHOLOGY, UNIVERSITY OF CALIFORNIA AT LOS ANGELES, CA

Ms. WYATT. Good morning. Thank you, Congressman Miller, for inviting me to attend this session, and I'd like to thank——

Chairman MILLER. Dr. Wyatt, you're going to have to speak up. You have something to say here, and they can't hear you——

Ms. WYATT. All right.

Chairman MILLER [continuing]. In the back. You may want to bend that microphone down a little bit.

Ms. WYATT. Can you hear me?

Chairman MILLER. Yes.

Ms. WYATT. Thank you, Congressman Miller, for asking me to attend this session, and the variety of groups that made it possible.

I'm going to be reporting about a community sample of women, 248 women, that we interviewed face-to-face in Los Angeles, California, which I think is a good reflection of the kind of information that can be gathered regarding rape or attempts of rape that are not reported nor treated. These women for the most part were matched demographically so we not only could obtain the incidence and prevalence of rape and attempted rape in their lives, but we also could examine ethnic differences, which I'd also like to discuss within the context of my testimony.

First of all, prevalence for rape at any point in a woman's life was one in three women. There were no ethnic differences in the prevalence of rape which is contradictory to other reports that you will read. You have to remember that this is a community sample, and these are women who did not report their rape experiences for the most part.

In essence, the data suggest that the reported rapes may be biased in terms of the representation of those ethnic groups who may be more visible in the community, but it does not necessarily speak to those who are sexually assaulted. I also want to clarify that women tend to be raped by people of their own ethnic groups. It is not just the Willie Hortons who are raping women today.

In terms of disclosure, we found for the most part that very few women mentioned the incident to anyone. We're not just talking about when to report rape, we're talking about if we can get people to report rape at all. For the most part, when they did disclose it, it was weeks, months, and sometimes years after the incidents. When they reported, they tended to use their family and their loved ones as their resources and for their comfort.

Unfortunately, however, families and loved ones don't seem to know much about rape and how to help women to cope with their experiences and so consequently many times they call the families together, have a family dinner, they pray with the victim survivor, they wish them a good night's sleep, and then they tell them to snap out of it and get on with their lives. Unfortunately, these were women who often receive no help, who have no solace, or who seek solace through their church, through their friends, or they just try to go it alone.

These are what we call the walking wounded of women, some of whom survive, but many of whom are still victimized by the fact that their families do not understand. Those who did utilize the police sometimes were not believed based on the kind of response that they received. Many women gave vignettes of the police themselves questioning where they were, what they had on, why they were at this particular house or apartment, and what was, in fact, their intent. What did they say? Did they say no loudly enough? Those kinds of questions to attribute the cause of the rape suggest that the woman was not being definitive enough in her response to the perpetrator. There were even some vignettes where police themselves assaulted the victims after the rape.

Now, in terms of reasons for nondisclosure, I think those are fairly consistent. I think it's important to note, though, that some women feel they have no one to tell. This is a very difficult experience to disclose to individuals. It's not easy to talk about the fact that someone may have graphically violated your body, that you have bruises and lacerations, and also the kinds of feelings that one has: they are sometimes indescribable. Many victim survivors do not even know how to describe their situation presently or even in retrospect.

Sadly, sometimes when victims disclose even to families and friends they are again blamed for having been in the wrong place at the wrong time. You can see from the testimony that rarely do these cases come to trial, perpetrators are rarely caught, and that sometimes families attempt to take care of (punish) the perpetrators themselves.

This most often happened in African-American families. I want to make note that African-American women were two and a half times more likely to tell no one, and I think the reason for that is that in our society, we have a highly sexualized climate in which women are described—and for over 250 years of slavery and the years beyond, African-American women have been stereotyped as sexual objects and I think they still are today. This may be part of the reason why some African-American victim survivors feel there is really no reason for disclosing their experiences. They are sometimes more apt to be misunderstood by the legal and the mental health agencies that attempt to help them.

There were quite a few psychological sequelae that I think are well documented in the literature. The significant ones that these women encounter in my research are consistent and persistent bouts of depression as well as sexual problems. When we asked women why they felt that they had been victimized many said—I think it was reflected in your testimony—that they were simply in the wrong place at the wrong time, they had on the wrong clothing, there was something about them that they felt they should blame themselves for.

I think that these results reflect the fact that our community as well as our professional organizations still do not know enough about rape and its dynamics and how to comfort, treat and help individuals who do and do not want to seek professional help. It is sad to say that so many people are not seeking the current services that we have and they are not included in the statistics that we hear and that are printed on these pages because they feel that they will not be treated in a fair manner; that there is something about them that makes them different, and that makes them discriminable. I think that it's unfortunate that these individuals will not come forward until we can convince them that their past experiences will not be reflected in their present treatment.

Secondly, I think it's important to know that community research is the only way that we will really be able to get to the prevalence of these kinds of assaults. If we simply look at reported crime we will begin to assume that all rape is perpetrated by individuals that the victims know. While rape perpetrated by someone known is the most common type of rape, African-American women are second most likely to be raped by strangers. The reason is that they're out in the world and more likely not to be defended by other individuals or to have the kinds of positions or transportation that might protect them.

So I think we not only need to look at acquaintance rape, we need to examine the effects of stranger rape as well. This is not a safe world, not just for women, not just for children, but also for men. We have a lot to learn about rape, and I think we need to continue to press for education and for professional training in our legal, mental health, and our medical facilities so that we can more adequately treat the whole dynamic of rape. Thank you.

[Prepared statement of Gail Elizabeth Wyatt follows:]

Prepared Statement of Gail Elizabeth Wyatt, Ph.D., Associate Professor of Medical Psychology, UCLA, Los Angeles, CA

A study funded by National Institute of Mental Health will be the context of my findings regarding the prevalence, effects and reporting patterns of female rape victims. The study was based upon a stratified random sample of 248 African American and White American women in Los Angeles County, 18 to 36 years of age and demographically comparable on education, ranging from less than 10th grade to graduate and professional degrees, marital status, the presence of children and as much as possible, on income. The samples were drawn by the Institute of Social Science Research at UCLA and over 11,000 random phone numbers were called to recruit the respondents for the study. Women were interviewed face to face by an experienced female interviewer who matched their ethnicity. They were paid for their time, as well as for transportation and babysitting costs. Among questions regarding a range of sexual experiences, questions about incidents and circumstances of rape and attempted rape were asked.

We found that one in four African American women and one in five White women reported at least one incident of an attempted or completed rape since the age of 18. The incidence was slightly higher among Black women but the difference was not significant. Black women however, were more likely to also have 2 or more of these incidents per person. Regardless of their ethnicity, one in three women, were likely to experience an incident of attempted or completed rape at any time in their life.

Background Information

.Women tended to be young (between the ages of 18 and 26), and married when these incidents occurred.

. They also were likely to know their perpetrators, who were members of the same ethnic group as their victim.

. Incidents of sexual assault were most likely perpetrated in the home of the victim or perpetrator.

Disclosure Patterns

. Immediate disclosure for both groups was infrequent but African American women were most likely to disclose their sexual assault to no one.

. The most common confidants were friends and family members.

.One woman disclosed years later, one told a medical professional, one disclosed to a therapist. Overall, three percent were reported to police: including one in four incidents occurring among African American women and one in three incidents for White women. Overall almost 79% of incidents involved no legal, medical or mental health agency involvement, whatsoever.

Reasons for Nondisclosure

Fourteen percent of women felt they had no one to tell about their sexual assault. One in four felt ashamed to disclose and nine percent felt they would be blamed.

Confidants Actions

. One in three confidants listened to victims, but took no action.
. One in three simply discussed the incident.
. Fourteen percent called the police - no follow up was noted by police.
. Twelve percent of victims were reprimanded for the incident having occurred.

The Outcome of Sexual Assault

. Two perpetrators were caught.
. Two cases were heard in court.
. Six families or victims attempted to catch the perpetrator themselves.

Physical Effects on Victims

. One in five sustained minor injuries (e.g., bruises, lacerations).
. Four percent sustained major injuries (e.g., broken bones).
. Two women contracted sexually transmitted diseases.
. One woman became pregnant.

Psychological Effects on Victims 5 1/2 years later

(on the average)

. Two out of three women reported feeling depressed.
. One in three reported avoidance of sex.
. One in two described sexual problems.

Reasons for Victimization

.Two out of three women blamed themselves for incidents of attempted or completed rape (e.g., due to their appearance, being lonely, or going out with the perpetrator).

Summary: The results of this community sample of women in Los Angeles County reveals that disclosure of rape is unlikely, particularly for African American women, and that most victims experience physical and psychological problems for which they rarely receive professional help. Although family and friends more often become the confidants to victims about these incidents, they appeared to lack the knowledge of understanding sexual assault and the needs of victims.

Women described a lack of trust in police and other agencies because of past treatment which discriminated against them due to their racial or ethnic background, economic level, physical appearances or gender. Even though knowledge of rape and the need for appropriate care has increased, the victims utilization of services may be more dependent upon their anticipation of treatment similar to past rather than current practices.

The results suggest research with community samples about these experiences, and more education targetting communities and professionals can help to increase victims acknowledgement of their rights to receive help for sexual assault and a decrease in the reluctance to report these incidents.

Chairman **Miller**. Thank you. Dr. Kilpatrick.

STATEMENT OF DEAN G. KILPATRICK, PROFESSOR OF CLINICAL PSYCHOLOGY AND DIRECTOR OF CRIME VICTIMS RESEARCH AND TREATMENT CENTER, MEDICAL UNIVERSITY OF SOUTH CAROLINA, CHARLESTON, SC

Dr. **Kilpatrick**. Thank you, very much, Mr. Chairman and the committee, for holding these hearings because I think it's incredibly important that you do so.

I'm under somewhat of a handicap being from the South, being asked to address anything in five minutes—[laughter]—and I just want to let you know that. As you saw, just giving my title takes up about two and a half minutes of that, so I'm glad you did that.

I'd like to say two things up front. One is that I think it's really important to get some historical perspective on this problem because it's been around a long time, and I think if we don't know where we've been and where we are now, it's real hard to know where we're going to go in the future.

Secondly—and perhaps this comes from my research background—I really do think it's important to have as good data as we can on this so that we can improve the public policy decision-making.

I'm going to briefly try to summarize some of the things that are developed in more depth in my handout. First of all, I think in terms of the scope of rape there are some differences in statistics in terms of how many women have been raped during their lifetime. I think that's understandable because there have been very few national studies if any, and——

Chairman **Miller**. Excuse me. If I just might—the people that are standing in the doorway, if you want to come up and sit up here in the corner or over—whatever—you're more than welcome to. I don't know if we'll have other members, but you could take a couple of these chairs up here if you would like to do that. We won't let you ask any questions, but—[laughter]—but you're more than welcome to come in and stand over here, there, or wherever you'd like to, or sit on the floor. It's pretty relaxed here.

Excuse me, Doctor.

Dr. **Kilpatrick**. Okay. In any case, even though there are some variations in statistics, one statistic that I would like to mention is that our national study that was funded by the National Institute of Drug Abuse found that approximately 13 percent of all adult women surveyed had been victims of rape sometime during their lifetime. Thirteen percent may not sound like a lot, but if you translate that into how many adult women there are in the United States, that comes up to almost 12,000,000 women, each of whom has had an experience that has profoundly affected her life.

With respect to data on incidence of rape, one of the points that I wish to really stress is that I think we don't have good information on how many new rape cases we have each year simply because the National Crime Survey, which is the chief way that we would know that, has never over it's 16, 17 year history gathered information in such a way that would provide information on how many new rape cases we have each year. I don't believe that's a partisan issue at all because it's taken place for so long, but I really do think we should fix that.

In terms of mental health impact, I would just state that there's no question at this point that rape has a profound mental impact on many victims and that there are a lot of walking wounded out there who are living their lives but who basically are not getting effective mental health services partially because they don't know that such services exist, partially because they may not be able to afford such services. They basically are out there and it's having an impact on them in terms of their emotional life and their ability to work and do things in the world.

In terms of nonreporting, I think we need to realize again that the National Crime Survey estimates are substantially higher in terms of what they say about the proportion of rape cases that are reported than any other careful studies. So that's really a shame because we could learn a lot for prevention, we could learn a lot about how our programs that we're implementing are working in terms of increasing reporting if we did have better data from the National Crime Survey.

From our own research we have found that reporting rates go up as the age of the victim at the time of the rape gets older. I think that it's really important to note that it appears that with children and adolescents, reporting rates are lower than for adult women. However, even for adult women, we found that less than a third of rape cases were reported. We also did not find any evidence that reporting rates were going up as a function of how close to the present time the rape occurred.

The other thing that I would like to stress is that certainly childhood and adolescence is a very high risk time for forcible rape and that in our national study we found that over six out of ten of all the forcible rapes occurred before the victim was age 18. We found that 25 percent of those had occurred before the victim was age 11.

I think it's important for us to note that I think we have made some progress. I became involved in this field in 1974, and since then we've had substantial reform in rape statutes, we've had substantial improvement in funding for rape victim services including rape crisis centers. Now, that started out at a pretty low level, so having substantial improvement was not difficult to achieve.

I think we've also had, in general, much more improvement in knowledge about the issue of stranger rape than we have about acquaintance rape. Unfortunately, however, acquaintance rape seems to be the norm as opposed to stranger rape.

I would also like to specifically state that I think the federal government has played a very important role in a lot of the progress, ranging from the National Center for Prevention and Control of Rape, which has funded a lot of the research including a lot of mine and Gail Wyatt's and other people's. I think, also, the Victims of Crime Act has had a substantial impact on rape victim services in addition to general crime victim services.

I'd like to say a nice word about the Office for Victims of Crime because I think they're really in a very key spot in that they are charged with basically dealing with improving services for all crime victims, not just sexual assault victims, and so they wind up getting caught up at times in controversies because all of the victim constituency groups know that their victims need more services, need more training. So it really does create some difficulties if you are administering a program that has to set policies and priorities that can be interpreted by constituency groups as that if you give something to one group of victims it takes something away from another group of victims.

Finally, in terms of recommendations, I would stress three things. One, I think we need to give much more attention to the issue of acquaintance rape, particularly that which occurs during childhood and adolescence. Again, the reason for that is most of us, including victims themselves, have a very narrow definition of rape, and when they think of rape they think of an adult rape victim who is attacked by a stranger.

They don't think of male rape victims, they don't think about children who are assaulted by family members or other acquaintances, they don't think about women or college students who are raped by fraternity brothers or by a date. So that I think we really need to focus in on acquaintance rape because a lot of the progress has been made in other areas, but not so much in the acquaintance area.

Secondly, I would really recommend that Congress consider having a careful study, or suggesting that the Bureau of Justice Statistics do a careful study of the National Crime Survey's method for measuring rape. I believe that now it is feasible to improve the information that's gathered by that survey, and I think it's time in a nonpartisan way to say that we need this better information.

Thirdly, I believe that clearly the mental impact and the long-term mental health impact is pretty profound and that certainly some more research and some more service delivery programs need to be made available with respect to dealing with the mental health effects of sexual assault, not to mention other types of violent crime.

The final recommendation has to do with suggesting that you take a look at raising the cap on the Victims of Crime Act a little bit and making some technical changes in or language that would provide more information or provide more funds for training of the groups that have been mentioned before, and also additional service money. The need is certainly very great and as a taxpayer I'm certainly not in favor of throwing taxpayers' money at problems. However, the Victim of Crime Act is funded by fines from criminals, and so I guess I would feel a little more positively perhaps about using some of Michael Milken's money or other people like that to perhaps provide a judicious increase in funds on the VOCA cap.

Thank you, very much.

[Prepared statement of Dean G. Kilpatrick follows:]

PREPARED STATEMENT OF DEAN G. KILPATRICK, PH.D., PROFESSOR OF CLINICAL PSYCHOLOGY, AND DIRECTOR, THE CRIME VICTIMS RESEARCH AND TREATMENT CENTER, MEDICAL UNIVERSITY OF SOUTH CAROLINA, CHARLESTON, SC

I wish to thank the Committee for giving me the opportunity to testify and for holding this hearing on the important topic of victims of rape. My remarks are based on knowledge and opinions I have accumulated over the past 16 years as a founding member of a rape crisis center in Charleston, South Carolina, as a researcher on the scope of rape and its mental health impact, as a provider of mental health treatment services to rape victims, and as a member of the Board of Directors of the National Organization for Victims Assistance, the South Carolina Victims Assistance Network, and the South Carolina Crime Victims Advisory Board.

Because of my status as an "old buffalo" in the field and my research background, two key principles shape my beliefs and guide my testimony. The first principle is that historical perspective is important. If you don't know where you are and where you have been, it is difficult to know where you are going or how to get there. The second principle is that the quality of decision making rarely exceeds the quality of information provided to decision makers. Since rape is a topic that generates strong opinions and emotions, it is a topic that benefits most from the "light" of empirical scrutiny rather than the "heat" of emotional reaction.

My testimony will address the following issues: 1) What is the scope of the rape problem in the United States and what is rape's psychological impact? 2) What do we know about reporting of rape cases and factors related to nonreporting? 3) To what extent has progress been made in the treatment of and services for rape victims? and 4) What are problem areas that require attention if treatment of rape victims and services for rape victims are to be improved?

The Scope of the Rape Problem in the United States

The scope of the rape problem can be estimated in several ways including: 1) the lifetime prevalence of rape (the percentage of adult women who have experienced at least one rape during their lifetime), 2) the point prevalence of rape (the percentage of women who are raped within a given period of time, e.g., 6 months or later), and 3) the incidence of rape (how many separate cases of rape occur in a given period of time).

There is disagreement among experts as to the exact lifetime prevalence of rape because different studies have used samples of women from different parts of the nation, different definitions of rape, and different survey methods. The two major national U.S. Government data sources on crime, the FBI Uniform Crime Reports and the National Crime Survey (NCS), were not designed to collect information about lifetime prevalence of crime.

However, a National Institute on Drug Abuse - funded research project that my colleagues and I are conducting (NIDA Grant No. RO1 DA05220-01A1/2 "Risk Factors for Substance Abuse: A Longitudinal Study") provides one of the first estimates of the lifetime prevalence of rape from a nationally representative sample of adult women. The project was designed to examine risk factors for substance abuse in adult women and included careful measurement of lifetime history of completed forcible rape, other types of sexual assault, aggravated assault, the homicide death of family or friends, and other types of traumatic events (e.g., national disasters or serious accidents). The 4009 women surveyed consisted of 2009 women randomly selected to be representative of the adult (age 18 or older) U.S. household population and an oversample of 2000 women between the ages of 18 and 34. Of the 2009 women in the nationally representative sample, 260, or 12.9%, had been victims of at least one forcible completed rape.

This lifetime rape prevalence estimate of 12.9% is lower than some others based on surveys of women in local jurisdictions. However, if we apply our lifetime rape prevalence of 12.9% to the estimated number of adult women in the U.S. adult female population (91.8 million according to 1988 Bureau of the Census estimates), we project that at least 11.8 million adult women in the United States have been victims of one or more forcible completed rapes. Clearly, the scope of the rape problem is vast if only because so many women are rape victims.

With respect to the point prevalence of rape (the percentage of women who are raped each six months or each year) and the incidence of rape (how many rape cases occur each six months or each year), sound national data do not currently exist. The FBI Uniform Crime Report provides yearly data on forcible rape cases that are reported to police but obviously provides no information on unreported cases. The National Crime Survey (NCS) is supposed to provide data on unreported as well as reported crime cases including forcible rape that occurred within the past six months. However, virtually all rape experts agree that the NCS estimates of the number of rape cases are substantially inaccurate and low because of technical problems with the survey and how it screens for rape cases. These technical problems with the NCS and its inability to measure rape cases are not new and have existed since the inception of the NCS in 1973.

What is the Psychological Impact of Rape?

During the past 16 years, a great deal has been learned about the psychological impact of rape. The need for further research remains great, but it is important to acknowledge the important role the Federal Government has played by supporting research programs on rape and other crime victim issues funded by the National Institute of Mental Health, the National Institute of Justice, and the National Institute on Drug Abuse. The best data we have came from research funded by these agencies.

Briefly summarized, the research evidence is now clear that many rape victims sustain profound long-term psychological injuries. Our research has found that a history of rape is a major risk factor for a host of major mental health disorders and problems. For example, when compared to nonvictims, completed rape victims were 8.7 times more likely to have made a suicide attempt (19.2% vs 2.2%) (Kilpatrick, Best, Veronen, Amick, Villeponteaux, & Ruff, 1985). Among women in our NIDA study, rape victims were over twice as likely as nonvictims to have had major depression (54.6% vs 21.9%) and they were 3.6 times more likely to have had major substance abuse problems (26.5% vs 7.3%).

Post-traumatic Stress Disorder (PTSD) is a debilitating mental health disorder that results from exposure to an extremely traumatic event such as military combat, natural disasters, or violent crime including rape. Data from our NIDA study indicated that over one-third (33.8%) of all rape victims developed PTSD sometime after their rape and that one rape victim in eight (12%) still had PTSD at the time they were assessed. Based on our estimate that 11.8 million adult women in the United States have been rape victims, we can reasonably project that 3.9 million adult women have developed rape-related PTSD at some time and that 1.4 million women in the United States have rape-related PTSD currently. This suggests that the United States probably has more rape victims with PTSD than combat veterans with PTSD. It also suggests that many rape victims are not receiving effective mental health treatment for their rape-related mental health problems.

Nonreporting of Rape Cases and Factors Related to Nonreporting

The National Crime Survey estimates that slightly over 50% of all rape cases are reported to police (Bureau of Justice Statistics, 1989). This estimate of reporting is substantially higher than that obtained by any other expert who has studied nonreporting. For example, Koss (1985) found that only 8% of rape victims from a representative sample of female college students had reported to police, and our research group (Kilpatrick, Saunders, Veronen, Best, & Von, 1987) found that only 7% of all rape cases were reported to police in a community sample of adult women from Charleston County, SC. Data from our NIDA-funded study of a national sample of 4009 women indicate that 15.9% of the 878 rape cases experienced by these women were reported to police or other authorities. Based on these low reporting rapes, it is clear that the criminal justice system was irrelevant in the vast majority of rape cases.

The possibility exists that improvements in the criminal justice system and victim services over the past few years have resulted in increased reporting rates. If the National Crime Survey were not so flawed in its detection of rape cases, we could use it to see if rape reporting rates are increasing. Since this is not possible, we must rely on data gathered from crossectional studies that measure rapes that occurred throughout women's lifetimes and see whether recent cases have higher reporting rates than ones that occurred longer ago.

In our study of community women in Charleston County, we divided rape cases into those that had occurred within the past five years and those that had occurred more than 5 years ago. The reporting rate for recent cases was slightly higher than for nonrecent cases (10% vs 6.3%), but the difference was not statistically significant. A similar analysis conducted on rape cases from our NIDA study national sample produced similar results. Rape cases occurring within the last 5 years were slightly more likely to have been reported than those occurring more than 5 years ago (20.4% vs 15.5%), but the difference was not statistically significant. In summary, we have no substantial evidence to suggest that major increases in reporting rates for rape cases are occurring.

An important finding of our NIDA study is that forcible rape occurs throughout the life span but that children and adolescents are at particularly high risk (see Table 1). Six out of ten rapes (62.1%) occurred before the victim was age 18, and one out of four (25.2%) occurred before she was age 11. It is reasonable to assume that reporting rates might differ depending on the victim's age at the time of the rape. Moreover, an analysis of reporting rates for recent (within the past 5 years) and nonrecent (more than 5 years ago) rape cases controlling for the victims age at the time of the rape would provide a more sophisticated look at whether reporting rates are changing.

The results of such an analysis are shown in Table 2 and yielded two major findings. First, there is clear evidence that cases of rape occurring before age 18 are much less likely to be reported than those occurring after that age. Second, there is no evidence that recent rape cases are significantly more likely to have been reported than nonrecent cases even when victim's age at the time of rape was controlled. These major differences in reporting rates depending on the victim's age at the time of the rape suggest that we probably need different strategies to encourage increased reporting of child rapes, adolescent rapes, and adult rapes.

Data from our NIDA study provide information about other factors that distinguished reported from nonreported rape cases. First, cases involving perpetrators who were total strangers (only 15% of all cases) were significantly more likely than acquaintance cases (85% of all cases) to have been reported (34% vs 13%). Second, victims who sustained serious or minor physical injuries were significantly more likely to report than those who sustained no injuries (49% vs 23% vs 11%). Third, victims who thought they were at risk at being killed or seriously injured during the rape were more likely to report than those without such thoughts (23% vs 8%). Reporting rate was unrelated to perpetrator's intoxication from alcohol and/or drugs or to victim's consumption of alcohol and/or drugs (Note: 93% of victims reported no consumption, but in almost 4 out of 10 cases (38%), victims stated that the perpetrator was intoxicated). Reporting rate was also unrelated to the Victim's racial status, current income, educational status, and vocational status.

Finally, our Charleston County study gathered information about major reasons for reporting crimes and for not reporting them. Interestingly, there were no significant differences across crime types with respect to reasons given for reporting or nonreporting. The most important finding about victim's reasons for nonreporting to police was that victims did not think of what happened as constituting a crime (30%). Since underreporting was most likely to occur with the crimes of sexual assault and aggravated assault, it was disturbing to learn than many victims do not conceptualize these types of violent attacks as crimes. However, failure on the part of victims to define events as crimes has been identified by other investigators as a major reason for nonreporting (e.g., Block & Block, 1984; Sparks, 1982).

Another reason for nonreporting was the victim's belief that reporting would be futile in that nothing could be done or that her report would not be believed (19%). Clearly, such an expectation would do little to encourage a woman to report. Nor would victim's feelings of shame or embarrassment, a reason for nonreporting given by 10% of victims. Ten percent of victims specifically stated that they did not report because they know their assailant. Interestingly, only 7% of victims did not report because they feared how others would react, and only 3% because of fears for their safety should they report. Victims reported crimes to police primarily because they felt they had a moral obligation to do so (42%), or because of a need to file a report or make a records of what happened, (20%).

These findings have the following implications for attempts to increase reporting of crimes to police. First, a great deal of education is required to inform the public about the true nature of what crime is and about the importance of reporting it to police. It is highly likely that many individuals have strongly held, albeit incorrect, beliefs that violent sexual or physical attacks are not crimes unless they are perpetrated by strangers. However, aggravated assaults and completed rapes are much more likely to involve assailants who are acquaintances than strangers. More rapes and aggravated assaults were perpetuated by the victim's friends, boyfriends, and husbands than by strangers. As the Attorney General's Task Force on Family Violence Report (1984) stated, the public should be informed that violent attack and/or unwanted, forced sexual activity are crimes that should be reported to police, regardless of the assailants identity or relationship to the victims. Second, a major motivation for reporting identified by victims was a sense of legal or moral obligation to do so as well as a desire to make some official record of the incident. These factors might be incorporated in public education efforts. For example, efforts might emphasize the fact that many assailants are recidivists who are likely to attack the same or other victims unless they are apprehended. They could be informed that recent evidence that reporting to police appears to reduce recidivism of family violence. Such emphasis on the positive outcomes of reporting for other potential victims as well as for the victim herself might strengthen existing motivations for reporting to police.

Has Progress Been Made In Rape Victim Treatment and Services?

Without question, major progress has been made since the early 1970's in the treatment of rape victims by the criminal justice system and in the services that rape victims can expect to receive. On the state and federal level, criminal rape statutes have been reformed in virtually all jurisdictions. According to the National Organization of Victim Assistance Legislative Directory of Victim Rights and Services (1989), 37 states have adopted gender neutral statutes, 43 states define any sort of sexual penetration as sexual assault, 33 states have different degrees of sexual assault based on the amount of force used, 29 states have removed the marital rape exception, and 37 states provide some payment for rape examinations. Many states also limit the extent to which a victim's prior sexual history can be introduced into evidence at trial through rape shield statutes. Clearly these changes are beneficial to many rape victims.

Progress has also been made in funding for rape victim services. Here the role of the Federal Government has been critically important. Federal funding of rape crisis centers in 1981 through block grants, and the passage of the Victim of Crime Act (VOCA) in 1984 provided substantial resources for rape victim services. VOCA funding also provided services to those rape victims who reported to police through its compensation provisions. Rape victims have also benefitted from state legislative and service initiatives such as crime victims bills of rights that encourage (and sometimes fund) the involvement of victim advocates in various elements of the criminal justice system.

Also without question, there has been some improvement in the last 16 years in knowledge about rape and in positive attitudes about rape victims. Unfortunately, much of this improvement in knowledge and attitudes is limited to the topic of stranger rape. Thus, women or children "fortunate" enough to be raped by a stranger are likely to be treated better and much more sympathetically than they would have been 16 years ago. Considerably less progress has been made in the treatment of victims unfortunate enough to have been raped by a family member, date, friend, or other acquaintance.

Again on the Federal level, establishment of the Office for Victims of Crime (OVC) in the Justice Department has been a positive step for rape victim services as well as for services for other types of crime victims. I think the OVC was, is, and ever shall be somewhat controversial. There is a tendency for all victim advocacy groups to think that their victims are more traumatized and more deserving of service than other types of victims. In what is often perceived to be a zero sum game in which various victim constituency groups are competing for limited resources, it is inevitable that administrative decisions to provide more funding for services or training for one type of victim program might be viewed critically by those - interested in other types of victim programs. Saying that all crime victims are important and equally deserving of services and having to make tough priority decisions about funding issues are thankless tasks that rarely generate universal support. Nevertheless, the OVC has played and should continue to play an extremely important role in improving services for all crime victims, including victims of rape.

Problem Areas Requiring Attention

Most major problems have been identified earlier in my testimony. These include the massive scope of the rape problem, the fact that the vast majority of rape cases still go unreported, the long-term mental health problems developed by many rape victims, and the fact that many rape victims still lack access to quality mental health and other victim services. The magnitude of these problems is such that they do not lend themselves to easy solutions.

Another major problem is that most of us, including victims themselves, have an extremely narrow definition of rape. When we think of rape, we tend to think of an adult woman who is brutally attacked by an unsavory total stranger. We don't think about the male rape victims, or the child who is raped by her father, or the woman who is raped by her husband, or the college student who is raped by her boyfriend. We focus on the small fraction of rape cases that come to the attention of the criminal justice system and forget about the vast majority of rape victims for whom the criminal justice system and the services it provides are irrelevant. Without increased attention to these rape victims whose cases do not fit the narrow definition, progress in treatment of rape victims will remain limited to female adult stranger rape cases.

Other problem areas exist that I will briefly mention. The issue of how to address rape victim's concerns about contracting AIDS via a rape experience is important and poses difficult public policy issues. The recent controversy about news media's disclosure of rape victim's names is a major potential problem. I am certain that the possibility of disclosure of victims' names by the media against the victim's wishes will have a chilling negative effect on willingness to report rapes to police. Another problem is that a need exists for standardization of victim services provided by rape crisis centers and other victim service agencies.

Two final problem areas that have been alluded to are: 1) a need for additional training regarding rape victim issues for virtually any person or group that works with rape victims, and 2) a need for expansion of services, particularly to underserved types of rape victims.

Recommendations

1. Much more attention needs to be directed to the issue of acquaintance rape, particularly that which occurs during childhood and adolescence.

2. **Congress should consider requesting the Bureau of Justice Statistics to study the feasibility of revising the National Crime Survey's procedures and rape screening questions to obtain more accurate estimates of rape incidence. More accurate information on rape incidence, on the extent of nonreporting, and on the differences between reported and nonreported cases would greatly enhance our ability to make intelligent decisions about public policy and service delivery issues. Note: this recommendation should not be interpreted as a criticism of current BJS officials or policy. As I previously mentioned, the NCS's measurement of rape has remained unchanged for at least 16 years, so supporting this change should not be a partisan issue. Moreover, making this change in the NCS should be relatively inexpensive.**

3. Violent crime in general and rape in particular are major risk factors for a host of major mental health problems among women including depression, suicide, substance abuse, and Post-traumatic Stress Disorder. Many rape victims have long-term mental health problems and do not get effective mental health treatment. We need more and better research on the mental health impact of rape, particularly on underserved and underfunded victims. Research is also needed on development and evaluation of treatment procedures.

4. All major groups who come in contact with rape victims could benefit from additional training focusing upon the scope of rape, the true nature of rape, rape's psychological impact, and how treatment of rape victims can be improved. In need of additional training are members of the criminal justice system (e.g., police, prosecutors, victim/witness advocates, judges, corrections and probation personnel), mental health professionals, clergy, lawyers, physicians, and rape crisis center personnel. Current funds to support training and technical assistance regarding crime victim's issues are limited. Congress should consider encouraging reallocation of existing training and technical assistance funds to support training and technical assistance in the crime victims area. The Office for Victims of Crime is the lead agency in the Federal Government dealing with crime victim issues. The current Victim of Crime Act (VOCA) funding formula provides extremely limited funds to support training and technical assistance. Since VOCA funds are generated by fines paid by criminals rather than by taxpayers, Congress might wish to consider raising the VOCA cap and adjusting the VOCA formula to provide additional funds for training and technical assistance.

5. Federal funding provided by VOCA to crime victim compensation and victim assistance programs has been a key factor enabling the development and expansion of existing crime victim services. There is no possible way that the Federal government can provide sufficient funding to meet all the crime victim assistance and service needs. However, Congress should consider raising the VOCA cap to permit additional funding of victim assistance and compensation programs. These funds are extremely cost efficient and have the advantage of being supplied by criminals, not taxpayers.

Table 1

Victim Age at Time of Completed Rape

Age Range	Number	Percent	Cumulative Percent
Less than 11 years	221	25.2%	25.2%
11 - 17 years	324	36.9%	62.1%
18 - 24 years	212	24.1%	86.2%
25 - 29 years	55	6.3%	92.5%
Greater than 30 years	36	4.1%	96.6%
Not sure	30	3.4%	100.0%

Table 2

Rapes Reported to Police or Other Authorities by Victim's Age At Time of Rape Controlling for Recovery of Rape Case: Data from NIDA Study of 4009 Women

	Rape Reported	
Victim Age at Time of Rape	Number	Percent
Less than 11 years old		
Occurred Within Past 5 Years*	-	-
Occurred More than 5 years Ago	20	9.3%
Total	20	9.3%
11 - 17 years old		
Occurred Within Past 5 Years	5	12.2%
Occurred More than 5 years Ago	48	16.9%
Total	53	16.3%
18 - 24 years old		
Occurred Within Past 5 Years	14	19.4%
Occurred More than 5 years Ago	26	18.4%
Total	40	28.6%
25 - 29 years old		
Occurred Within Past 5 Years	6	28.6%
Occurred More than 5 years Ago	8	24.2%
Total	14	25.9%
Greater than 29 years old		
Occurred Within Past 5 Years	7	30.4%
Occurred More than 5 years Ago	5	33.3%
Total	12	31.6%

*Note: Because women had to be at least 18 years old to participate in the Survey, it was impossible for any of them to have had a rape within the past five years that occurred before age 11.

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Chairman **Miller**. Thank you. Ms. Robinson.

STATEMENT OF WANDA KEYES-ROBINSON, DIVISION CHIEF, SEX OFFENSE UNIT, OFFICE OF STATE'S ATTORNEY FOR BALTIMORE CITY, BALTIMORE, MD

Ms. **Keyes-Robinson**. Good morning Chairman Miller, honorable legislators, legislative staff, ladies and gentlemen. My name is Wanda Robinson. I'm the Chief Prosecutor of the Sex Offense Unit in Baltimore City State's Attorney's Office. It is a distinct pleasure and honor that I have to present testimony today to your committee and give you some insight into prosecution of rape cases.

What I'm going to do is skip through my testimony a little bit because there are some areas that I think need to be brought to your attention. I'm going to try to give you a clear idea of what we're dealing with in major metropolitan cities when confronted with a rape case. I'm also going to try to give you an idea what it's like to be raped.

When one thinks of rape, it is truly, as we've all said, an act of violence committed by individuals that are friends, acquaintances, associates, relatives, even spouses. The crime is not—it is not about the act of sex, but rather the sexual act is a tool that the perpetrator uses to commit a violent crime. Medical experts will tell us, and have told us as prosecutors, that many rapists do not even ejaculate. You see, the act is not about sex as normal adults think of it.

In the majority of cases prosecuted in my jurisdiction, the victim knows her assailant, but the public has a general preconceived notion that they are generally and most likely stranger rapes where a victim is pulled into an alley at knife point and is brutally raped—and marks are left, they are maimed, they are bleeding. I'm here to tell you that 75 percent of the cases prosecuted in Baltimore City—and I daresay around the country—involve perpetrators in one of the following categories: They are friends that you know, they are relatives that you've seen, they are a child care provider that you trust, a co-worker that you see every day, an acquaintance, a parent, a spouse, a former boyfriend. Seventy-five percent of our cases.

Now, I'm going to try and give you an example of what it's like to be raped. It's the same scenario I give to the police officers when I lecture to them because you don't understand it. You think it's sex. Well, it's not. You left this morning to go to work. Walked out of your house, locked the door. You find out when you go home that someone has entered your home and ransacked it. That gold pocket watch that your grandfather gave you has been destroyed—stomped on. Not taken. It's there. You can see it. But it's no longer of any value.

The only photo of your parents—you don't have any negatives—it's been torn to shreds. It's destroyed. Valuable art work has been slashed and destroyed. These items have value to the insurance company. They may be able to reimburse you. But the value to you personally can never be replaced. The individual who entered your home committed this act for no monetary gain or benefit. They didn't pawn or sell the items. They only received the thrill of destroying what was not theirs and the feeling of power and control that they had when they entered something that was not theirs.

You, on the other hand, are left feeling violated, betrayed, angry. The offender has taken something from you that can never be replaced. You, in a sense, have been raped, although this cannot truly compare to the actual feeling that a woman experiences when living with her husband or boyfriend who beats her and sexually assaults her, or the feeling of a child who is raped by a father or stepfather, who is charged with the responsibility of her care, her upbringing. That child has been violated.

But, in each instance, the perpetrator has taken something from the victim that is personal to her and cannot be replaced. He exhibits power and control forcing sexual intercourse and betrays that trust, love, and respect by a violent act. These victims that I've outlined for you do not fit society's image of what a rape victim should be, but, nevertheless, they are victims of rape.

Although much has been done in my community to help educate law enforcement officials and medical staff there continues to be a myth about rape. Baltimore City held a rape awareness week, and I was riding to work in the morning—here I am, the Chief of the Sex Offense Unit, very proud that we're having a rape awareness week—and on the radio there is a question posed to the listeners asking whether a woman who wears a tightly fitted dress was more likely to be raped than a woman who was not dressed in such a fashion.

Listeners phoned in. I was shocked at the responses. It reaffirmed and reinforced the myth that it is the way you dress and the manner in which you move and where you are that decides whether you are raped, once again reaffirming that stereotype that only certain types of people are raped—those that ask for it.

These are, again, preconceived notions, and they are inaccurate. Victims of rape know that it is difficult to come forward. They're confronted with police officers, nurses, doctors, judges, and even prosecutors who handle these cases but need to be educated. Within the court system individuals often have personal opinions about whether or not this is a good rape case or not and whether there should have been activity that the rape victim should have done during the course of the rape.

But, as I stated before, most of our cases involve acquaintances, and in most of our cases there is little or no evidence of physical rape. That is, no blood, no laceration, no marks, no stabbing, and the victim knows her assailant. So victims become reluctant to step forward. They often believe, as you've heard, that they have done something wrong, and the delay in reporting rape makes it even more difficult for us to prosecute. The evidence, if there was any, has been washed away. It doesn't exist any more. We expect them to come forward immediately, not understanding the fear and embarrassment, feelings of guilt and betrayal that they're exhibiting.

She's questioning her own judgment. She's questioning whether she caused the rape, and she delays and delays and delays in reporting. I've interviewed children as well as adults who believe that the sexual assault was their own fault. An eight-year-old girl—eight years old—told me that it was her fault. It was not her fault. The victim has been threatened first hand and has seen first hand the power and control of the perpetrator. They fear and truly believe that no one can protect them.

They've heard the horror stories about the criminal justice system. They watch rapists go unpunished or let off due to legal technicalities or receive light sentences, and they do not tell. They do not report until they're able to muster the courage or the support to come forward and tell their story.

What I'm hoping that you'll gather from this today is when those victims come forward, let us not say, oops, you waited too long. You should have come forward within 48 hours. We'll give you an abortion if you do that.

Tell me, what do I tell that twelve-year-old who is carrying her stepfather's baby, who has been sexually abused since she was nine? That is a real case. What do I tell her? A crime has been committed. It is rape. Perpetrators walk among us. If not caught, if not prosecuted, they will rape again.

As I've briefly indicated to you, the increase of number of reports of sexual assault and the like are, I think, partly due to public awareness and understanding. I think victim witness and advocacy groups have helped tremendously in getting victims through the process. They hold their hands while the prosecutor is in courtroom and say, I'll be there for you no matter what, when the families turn their backs. When the husbands can't handle the stress, the advocacy groups are there for them.

Special units in offices like Baltimore City State's Attorney's Office have been organized in other large jurisdictions. Investigators, police and prosecutors, and some judges have been trained to handle these sensitive cases. But much, much more needs to be done. Rape is a crime, whether it's date rape, interfamilial rape, acquaintance rape, stranger rape, spousal rape, it's all rape. The judicial system and legislators should affirmatively support rape victims whenever—whenever they are able to speak and step forward. Thank you.

[Prepared statement of Wanda Keyes-Robinson follows:]

PREPARED STATEMENT OF WANDA KEYES-ROBINSON, DIVISION CHIEF, SEXUAL OFFENSE UNIT, OFFICE OF THE STATE'S ATTORNEY FOR BALTIMORE CITY, BALTIMORE, MD

JUNE 27, 1990

GOOD AFTERNOON CHAIRMAN MILLER, HONORABLE LEGISLATORS, LEGISLATIVE STAFF, LADIES AND GENTLEMEN. MY NAME IS WANDA KEYES-ROBINSON AND I AM THE DIVISION CHIEF OF THE SEX OFFENSE UNIT OF THE STATE'S ATTORNEY'S OFFICE FOR BALTIMORE CITY. IT IS MY DISTINCT PLEASURE AND HONOR TO PRESENT TESTIMONY TODAY TO PROVIDE YOUR COMMITTEE WITH INSIGHT INTO THE PROSECUTION OF RAPE CASES.

FOR PROSECUTORS IN MY UNIT AND THROUGHOUT THE COUNTRY WHO HANDLE RAPE CASES, IT IS ESSENTIAL THAT WE HAVE THE SUPPORT OF COOPERATIVE VICTIMS IN ORDER TO EFFECTIVELY INVESTIGATE, CHARGE AND PROSECUTE CASES INVOLVING RAPE. WHEN ONE THINKS OF RAPE OR SEX OFFENSES, ONE OFTENTIMES FINDS IT DIFFICULT TO SEPARATE THE CRIME FROM ONE'S OWN PERSONAL FEELINGS ABOUT "SEX". UNFORTUNATELY, SOCIETY GENERALLY HOLDS A NUMBER OF MYTHS OR STEREOTYPES ABOUT RAPE AND SEX OFFENSES. RAPE IS

AN ACT OF VIOLENCE. RAPE IS COMMITTED BY INDIVIDUALS WHO OFTENTIMES ARE FRIENDS, ACQUAINTANCES, ASSOCIATES, RELATIVES OR EVEN SPOUSES OF THE VICTIMS THEY ASSAULT. THE CRIME IS NOT ABOUT THE ACT OF "SEX" BUT RATHER THE SEXUAL ACT IS THE TOOL THAT THE PERPETRATOR USES TO COMMIT A VIOLENT CRIME. MEDICAL EXPERTS TELL US THAT MANY RAPISTS MAY NOT EVER EJACULATE. YOU SEE, THE ACT IS NOT ABOUT "SEX" AS NORMAL ADULTS KNOW IT. IN THE MAJORITY OF CASES PROSECUTED, THE VICTIM KNOWS HER ASSAILANT. THE PUBLIC GENERALLY HAS THE PRECONCEIVED NOTION THAT RAPE INVOLVES A STRANGER WHO PULLS A VICTIM INTO AN ALLEY, AT KNIFEPOINT, AND WHO BRUTALLY RAPES AND MAIMS THE VICTIM. I AM HERE TODAY TO TELL YOU THAT SEVENTY FIVE PERCENT OF THE CASES PROSECUTED IN BALTIMORE CITY INVOLVE PERPETRATORS WHO FALL INTO ONE OF SEVERAL CATEGORIES. THE CATEGORIES ARE: A FRIEND, A RELATIVE, A CHILD CARE PROVIDER, A CO-WORKER, AN ACQUAINTANCE, A PARENT/STEPPARENT, A SPOUSE OR FORMER BOYFRIEND OF THE VICTIM. SEVENTY FIVE PERCENT!!

LET ME GIVE YOU AN EXAMPLE THAT MIGHT HELP YOU UNDERSTAND WHAT RAPE IS. LET'S SAY THAT YOU LEAVE YOUR HOME, GO TO WORK ONE MORNING AND UPON YOUR RETURN YOU FIND THAT SOMEONE HAS ENTERED YOUR HOME AND

HAS RANSACKED YOUR HOUSE. THE GOLD POCKETWATCH THAT HAS BEEN HANDED DOWN IN YOUR FAMILY HAS BEEN STOMPED ON AND DESTROYED. YOUR ONLY PHOTO OF YOUR PARENTS HAS BEEN TORN TO PIECES. SEVERAL VALUABLE ART ITEMS IN YOUR HOME HAVE BEEN SLASHED AND DESTROYED AS WELL. ALTHOUGH SOME OF THESE ITEMS MIGHT HAVE VALUE WHICH YOU MAY BE REIMBURSED FOR BY AN INSURANCE COMPANY, MUCH OF THE VALUE IS PERSONAL ONLY TO YOU. THIS VALUE CAN NEVER BE REPLACED. THE INDIVIDUAL WHO ENTERED YOUR HOME HAS COMMITTED AN ACT FOR NO MONETARY GAIN OR BENEFIT. HE ONLY RECEIVED THE THRILL OF DESTROYING WHAT WAS NOT HIS AND THE FEELING OF POWER AND CONTROL. YOU, ON THE OTHER HAND, ARE LEFT FEELING VIOLATED, BETRAYED, AND ANGRY. THE OFFENDER HAS TAKEN ITEMS FROM YOU THAT CAN NEVER BE REPLACED. YOU, IN A SENSE, HAVE BEEN RAPED, ALTHOUGH TRULY NOTHING CAN COMPARE, THIS FEELING OF VIOLATION IS SIMILAR TO THE WOMAN WHO IS LIVING WITH HER HUSBAND OR BOYFRIEND WHO BEATS HER AND SEXUALLY ASSAULTS HER. THIS FEELING IS SIMILAR TO A CHILD WHO IS RAPED BY A FATHER OR STEPFATHER CHARGED WITH THE RESPONSIBILITY OF HER CARE AND UPBRINGING BUT BETRAYS THAT RESPONSIBILITY AND VIOLATES THAT CHILD. IN EACH INSTANCE, THE PERPETRATOR IS TAKING SOMETHING FROM THE VICTIM THAT

IS PERSONAL TO HER AND SOMETHING THAT CANNOT BE REPLACED. HE EXHIBITS POWER AND CONTROL OVER HER BY FORCING SEXUAL INTERCOURSE AND BETRAYS TRUST, LOVE, RESPFCT BY A VIOLENT ACT. THESF VICTIMS DO NOT FIT SOCIETY'S IMAGE OF WHAT A RAPE VICTIM IS BUT THEY ARE NEVERTHELESS VICTIMS OF RAPE.

ALTHOUGH MUCH HAS BEEN DONE IN MY COMMUNITY TO HELP EDUCATE THE PUBLIC, LAW ENFORCEMENT PERSONNEL, AND MEDICAL STAFFS, THERE CONTINUES TO BE A MYTH ABOUT WHO THE RAPE VICTIM IS. RECENTLY BALTIMORE CITY HAD A RAPE AWARENESS WEEK AND A LOCAL RADIO STATION POSED A QUESTION TO IT'S LISTENERS ASKING WHETHER A WOMAN WHO WEARS A TIGHTLY FITTED DRESS WAS MORE LIKELY TO BE RAPED THAN A WOMAN WHO IS NOT DRESSED IN SUCH A FASHION. LISTENERS PHONED IN A VARIETY OF OPINIONS REAFFIRMING THE MYTH THAT AN INDIVIDUAL WHO DRESSES IN A CERTAIN WAY AFFECTS THE DECISION BY A RAPIST OF WHETHER OR NOT TO RAPE. ONCE AGAIN, THIS REAFFIRMS A STEREOTYPE THAT ONLY CERTAIN "TYPES" OF INDIVIDUALS ARE RAPED--- THOSE WHO "ASK FOR IT" BY THEIR MANNER OF DRESS, WORDS OR BEHAVIOR, THEREBY GETTING WHAT THEY DESERVE.

THESE STEREOTYPES AND MYTHS FACTOR IN WHEN VICTIMS REPORT THE CRIMES. THESE PRECONCEIVED NOTIONS OF WHO IS A RAPE VICTIM AND WHAT RAPE IS, ARE HELD BY THOSE WHO SERVE AS JURORS AND ALSO BY PEOPLE WHO COME INTO CONTACT WITH VICTIMS. POLICE OFFICERS, NURSES, DOCTORS, JUDGES, AND EVEN PROSECUTORS WHO HANDLE THESES CASES NEED TO BE EDUCATED. WITHIN THE COURT SYSTEM, INDIVIDUALS OFTEN HAVE PERSONAL OPINIONS ABOUT THE IDEAL IMAGE OF WHAT A RAPE "VICTIM" SHOULD BE AND THE TYPE OF VIOLENCE THAT SHOULD HAVE BEEN PERPETRATED IN A GIVEN RAPE CASE. BUT PROSECUTORS AROUND THE COUNTRY WILL TELL YOU THAT LIKE IN BALTIMORE, THE MAJORITY OF THEIR CASES INVOLVE RAPE WHERE THERE IS LITTLE OR NO PHYSICAL EVIDENCE AND THE VICTIM KNOWS HER ASSAILANT.

VICTIMS BECOME RELUCTANT TO STEP FORWARD. THEY OFTEN BELIEVE THAT THEY HAVE DONE SOMETHING WRONG. IT IS THE DELAY IN REPORTING THE RAPE WHICH MAKES IT EVEN MORE DIFFICULT TO PROSECUTE THE CASE BECAUSE PEOPLE EXPECT RAPE VICTIMS TO COME FORWARD IMMEDIATELY NOT UNDERSTANDING THEIR FEAR, EMBARRASSMENT, FEELINGS OF GUILT AND BETRAYAL. SHE BELIEVES SHE MUST HAVE CAUSED THE RAPE. SHE QUESTIONS HER OWN JUDGEMENT.

VICTIMS DELAY REPORTING BECAUSE OF MANY REASONS BUT MOSTLY BECAUSE OF THEIR OWN FEELINGS ABOUT THEMSELVES AND THEIR ASSAILANT.

I HAVE INTERVIEWED CHILDREN AS WELL AS ADULTS WHO BELIEVED THAT THEY WERE AT FAULT FOR THE SEXUAL ASSAULT. THE VICTIM USUALLY HAS BEEN THREATENED AND HAS SEEN FIRSTHAND THE POWER AND CONTROL THAT THE PERPETRATOR CAN EXHIBIT. THEY FEAR THE PERPETRATOR AND TRULY BELIEVE THAT NO ONE CAN PROTECT THEM. THEY HAVE HEARD HORROR STORIES ABOUT THE CRIMINAL JUSTICE SYSTEM. THEY WATCH RAPISTS GO UNPUNISHED OR LET OFF DUE TO LEGAL TECHNICALITIES OR LIGHT SENTENCES. VICTIMS, THEN, DO NOT TELL OR THEY DELAY IN REPORTING UNTIL THEY ARE ABLE TO MUSTER THE COURAGE AND/OR SUPPORT TO STEP FORWARD. WE MUST NOT THEN SAY TO THE VICTIM, "OOPS----TOO LATE. YOU WAITED TOO LONG". A CRIME HAS BEEN COMMITTED, THE PERPETRATOR WALKS AMONG US AND HE WILL RAPE AGAIN.

THE COMMUNITY AND SOCIAL VIEWS TOWARD RAPE AND SEXUAL OFFENSES HAVE COME A LONG WAY OVER THE YEARS BUT MANY MYTHS AND STEREOTYPES STILL REMAIN. WE HAVE SEEN AN INCREASE IN THE NUMBER OF REPORTS OF RAPE AND SEXUAL OFFENSES DUE TO PUBLIC AWARENESS AND UNDERSTANDING OF THESE TYPES OF OFFENSES. VICTIM/WITNESS AND ADVOCACY GROUPS ALSO HAVE

HELPED VICTIMS THROUGH THE PROCESS. SPECIAL UNITS HAVE BEEN ORGANIZED IN SOME CITIES AND SOME INVESTIGATORS, POLICE, PROSECUTORS, AND JUDGES HAVE BEEN TRAINED TO HANDLE THE SENSITIVE NATURE OF THESE CASES. MUCH, MUCH MORE NEEDS TO BE DONE IN THE AREAS OF TRAINING AND EDUCATION. THE MESSAGE THAT SHOULD GO OUT TODAY IS THAT RAPE IS A CRIME, WHETHER IT BE DATE RAPE, INTRAFAMILIAR RAPE, ACQUAINTANCE RAPE, STRANGER RAPE OR SPOUSAL RAPE. RAPE IS RAPE, THE JUDICIAL SYSTEM AND LEGISLATORS SHOULD AFFIRMATIVELY SUPPORT RAPE VICTIMS WHENEVER THEY ARE ABLE TO STEP FORWARD AND SPEAK.

THANK YOU!!

Chairman **Miller**. Thank you. Dr. Burnley.

STATEMENT OF JANE NADY BURNLEY, DIRECTOR, OFFICE FOR VICTIMS OF CRIMES, U.S. DEPARTMENT OF JUSTICE, WASHINGTON, DC

Ms. **Burnley**. Thank you, Mr. Chairman and members of the Committee. It's a pleasure for me to be here in my capacity as Director of the Office of Victims of Crime as we discuss this very important issue. It's been over three years since I came before your committee——

Chairman **Miller**. Right.

Ms. **Burnley** [continuing]. When I was with the Department of Health and Human Services, and I appreciate the opportunity to come before you representing the Department of Justice.

I appreciate the opportunity not only to represent our office but also to speak on behalf of victims, many of whom are served by programs that the Victims of Crime Act funds. As you are familiar with victims' rights movements, it really originated in the late '60s and '70s with—as a result of efforts of sexual assault advocates and victims and domestic violence victims as they tried to help those victims recover from those crimes and help them cope with the criminal justice victim, which often revictimized those victims, blaming them for what had happened.

Fortunately, a lot has changed in the last decade. In particular, we've had an enormous amount of victim's rights legislation in every state in the country and landmark federal legislation also that articulates the rights and protections for crimes in the federal criminal justice system. The Victims of Crime Act, which has already been referred to here, has also I think been a major piece of legislation to benefit victims of crime. It is—it does generate funds from federal criminal fines and penalties. Today more than $500 million has been collected and deposited into the fund, and there are thousands of victim assistance programs across the United States, many of which are prosecutor-based, law-enforcement based, and, in addition, specialized services such as shelters for battered women and rape crisis programs and sexual abuse treatment programs.

We administer the crime victims fund. I'm pleased to say collections have steadily gone up in the last few years, and last year for the first time we exceeded the cap of $125 million, so this year—and that represented a $30 million rise in collections and deposits in one year, so we'll give out awards this year totalling $125 million to states for their local programs, to national organizations for training and technical assistance, and to Indian tribes, and I'd like to speak about that in a moment.

All states in the last decade have enacted significant amounts of legislative reform on behalf of crime victims requiring things such as victim notification and participation in criminal justice proceedings and restitution and other measures, numerous measures which I won't go into.

Many states have enacted legislation specifically to protect victims of sex crimes, for example, specifically enacting legislation which would have the state pay the cost of medical examinations for rape victims. It was not at all uncommon in 1980 for rape victims to pay the cost of forensic examinations, unlike victims of other crimes don't have to pay for—didn't use to ever have to pay for the investigative costs of those crimes, but all states have done something in the way of rape shield laws, which I think have represented some improvements in the legal framework with regard to our ability then to attend to the rights and needs of victims as they participate in criminal justice proceedings.

It really is imperative that the criminal justice system be fair and responsive and sensitive to crime victims because—not only because it's the right thing to do, but we need participation in the criminal justice system of victims as witnesses if we are going to end crimes. One of the things we know about sex offenders is that they are recidivists. If they are not stopped, they will continue to commit sex crimes.

In the last decade, I think we've learned—you've heard testimony this morning about increases in our understanding of the psychological impact of rape upon victims. We know that victims include men, women, teenagers, young children, and even infants who suffer psychological and physical trauma as a result of their victimization. You've had testimony on this subject, but we do know that research demonstrates that many victims suffer post-traumatic stress syndrome long past the time of the assault and, in fact, many victims never feel completely free of the impact of the experience.

I think this impact now is one of the issues that we're hearing about from victim assistance service providers. It's even more complicated and even more emotionally traumatic for sexual assault victims these days because of the problem of AIDS. It is not at all unusual for—as it is reported to me by service providing agencies—for rape victims very soon after a sexual assault and even children who have been victims of sexual abuse not only to fear about sexually transmitted diseases but also to ask questions early on after their victimization about whether or not they could possibly have contracted AIDS as a result of that sexual victimization.

We have been involved in several multiple-victim cases where there's been federal jurisdiction where this has been a very significant issue for literally hundreds of children after the time of the arrest and investigation of a child molester, and have come to see close hand the amount of devastation that can happen to a community when there is tremendous fear that literally hundreds of its children may have been exposed to the AIDS virus as a result of their victimization.

Since VOCA was enacted and our Victims of Crime Act programs have been funded in 1986, all States have used a significant portion of their crime victim assistance funds to support services to adult and child victims of sexual assault, and, as I said, some of them have been law enforcement based and medical service based. Others are specialized services such as rape crisis programs and child sexual abuse treatment programs. Tens of millions of dollars have supported these specialized services, but in addition to that the generic services such as victim witness programs which support victim advocates in the kind of situation that were just described here are really vital to assisting victims in their participation through the criminal justice process.

In addition, crime victim compensation funds have steadily increased as a resource for victims of sexual assault and sexual abuse. In 1986, the number of crime victim compensation claims for adult and child victims of sex offenses was something like 9,000 claims. It's risen to about 25,000 claims in 1989, and that's not with all States reporting yet. In the same years we've seen claims paid on behalf of sexual assault—adult and child sexual assault victims—rise from over $11 million to over $29 million.

These funds are primarily used for medical expenses for victims and mental health counseling expenses. One of the things that we're seeing in the Victims of Crime funding and compensation in particular is that compensation is becoming a major source of funding of mental health treatment for victims of all kinds of crimes, in particular, child abuse.

The State of Utah, for example—I was just there--uses more than half of its compensation money for child abuse victims and the vast majority of that is for child sexual abuse victim treatment. These are services which otherwise would not have been reimbursed to victims or possibly victims who have not had funds to seek services—much-needed mental health services—there now are additional financial resources which are available to them.

In addition to supporting an expansion of direct service programs, our office has conducted a variety of training programs, regional and national, for law enforcement prosecutors, the clergy, medical professionals, mental health professionals, and direct service providers in victim assistance settings.

We have expanded the focus of that training to clergy and mental health providers, for example, because we have discovered that not only are they people to whom victims may turn, they are people who don't understand violent crime and have fallen into the pattern often times of blaming the victim and see that it's very important. As a psychologist, it's hard—I find it particularly troubling that mental health providers—practitioners are oftentimes no better versed in meeting the needs of violent crime victims than others who may come in contact with them.

We have also sponsored the standardization of procedures for medical—hospital personnel in the examination, collection, and preservation of physical evidence for victims of sexual assault and have provided training in 14 states for their adoption of this standardization of rape evidence protocol throughout the last two years.

The other aspect of our efforts which I would like to very briefly allude to is that since 1987 our office has initiated a number of activities to address the problem of the almost complete lack of services for victims of violent crimes on Indian reservations. This is an enormous problem, as you know.

When it comes to serious crime, the Justice Department has responsibility for prosecuting those cases. There has been enormous increase since changes in the Major Crimes Act in 1986 in the prosecution particularly of child sexual abuse cases, but that's how our office first became involved in those cases because of the crying need for services in a number of multiple-victim child molestation cases.

As we got into the reservations and began to work with tribes, we found that all victims of violent crimes literally have nowhere to turn, so we have initiated activities in a variety of ways to attend to those needs, and have used the bulk of the mere $1.7 million that we have discretion over to support the development of services for victims of violent crimes on Indian reservations.

I'm pleased to say that we have services now on approximately 46 reservations, many of which serve victims of violent crime. We will continue to place an emphasis on improving and increasing the services available on reservations and will see that we have—while we've made progress in terms of the legal structure and system that proscribes the fair treatment of crime victims, in many instances we fall short on full implementation across the country.

I'm pleased to say that there is additional funding over these last few years—$45 million increase over a two-year period. The crime victims fund is slated to increase in another year's time to $150 million for services, and we will continue to press forward for the utilization of those funds to assist victims to recover from these crimes. Thank you.

[Prepared statement of Jane Nady Burnley follows:]

PREPARED STATEMENT OF JANE NADY BURNLEY, PH.D., DIRECTOR, OFFICE FOR VICTIMS OF CRIME, OFFICE OF JUSTICE PROGRAMS, U.S. DEPARTMENT OF JUSTICE, WASHINGTON, DC

Good morning. Thank you, Mr. Chairman, and the other members of this Select Committee. It is a pleasure for me to appear before this Committee in the capacity of the Director of the Office for Victims of Crime, a position in which I have served for a little more than 3 years. Prior to going to the Department of Justice, I was the Associate Commissioner for the Children's Bureau in the Department of Health and Human Services. In that capacity, I oversaw the National Center on Child Abuse and Neglect and Federal programs in foster care and adoption.

I appreciate the opportunity to not only represent the Office for Victims of Crime but, more importantly, to speak on behalf of innocent citizens who have been victimized by crime, in particular, sexual assault.

The crime victims rights movement had its origins in the 1970's, in grassroots efforts of courageous individuals to assist victims of rape and domestic violence and to help them to recover from their victimization and cope with the demands of an often insensitive criminal justice system. A criminal justice system which tended to blame the victim -- sending the message that the victimization was the result of their own negligence -- a system that inflicted further trauma, and invested more in attending to the rights of offenders than assisting the victims of their crimes.

Fortunately, much of this has changed. In the past 10 years a new emphasis has been placed on crime victims rights and we have seen enormous change. Victims Rights began to receive national attention when former President Reagan appointed the President's Task Force on Victims of Crime in 1981 which examined this issue and developed a blueprint for how the criminal justice system and others should improve the response to crime victims. Since then we have seen significant legislative efforts directed at helping victims of crime.

Landmark Federal legislation articulating protection and fair treatment of victims and witnesses of Federal crimes was enacted in 1982. The Federal Crime Victims Fund was established by enactment of the Victims of Crime Act of 1984 which has substantially contributed to the development and expansion of crime victim assistance and compensation programs across the United States. To date more than $500 million -- $500 million -- has been collected from Federal criminals and applied to the rehabilitation, recovery, and compensation of innocent crime victims. There are thousands of victim assistance programs across the United States. These programs include prosecutor-based victim and witness assistance, law enforcement-based crisis intervention, rape crisis programs, shelters for battered women, treatment programs for child abuse victims, and support groups for victims of other violent crimes, such as survivors of homicide victims and victims of drunk driving crashes.

The Crime Victims Fund is administered by the Office for Victims of Crime. In fiscal years 1988 and 1989, deposits were up $15 million and $30 million, respectively. This year we will award a record $125 million in grants to states, Indian tribes and national and local organizations for these purposes.

In addition, nearly all states have enacted Victims Bills of Rights and other legislation to protect the rights of victims, e.g., laws requiring victim notification and participation in criminal justice proceedings; restitution; warrantless arrest in domestic violence cases; and special court room accommodations for child victims who are witnesses.

We have also seen legislation in most states to address the specific needs of sex crime victims. Thirty-seven states have enacted legislation to cover the costs of medical examinations for rape victims. In addition, these costs are sometimes covered by VOCA funds, through either victims assistance or victim compensation. It is no longer routine in most communities for victims to bear this cost. Twenty-four states have provided state funds for sexual assault services. All 50 states have some type of protection to shield rape complainants from having to disclose publicly their past sexual activities. The majority have accomplished this goal through legislation, but a few states have relied upon judicial opinions or court rules. Generally, laws have been successful in limiting the type of inquiry in rape cases, thus improving the treatment of rape victims and increasing the number of rape reports and prosecutions.

These strides are important because they form the legal framework for attending to the rights and needs of victims who participate in criminal justice proceedings. In 1988, nearly 6 million persons were victims of violent crimes (i.e., rape, robbery, simple and aggravated assault). It is imperative that victims be given sensitive and fair treatment that they deserve -- not only because it's the right thing to do but because it will improve cooperation and participation in criminal justice proceedings and it will reduce additional trauma to victims.

Despite efforts to improve the criminal justice system's response to rape victims, rape is still one of the most under-reported crimes to police. Reporting rates vary, depending upon the source or study, from near 10 percent to approximately half. Research suggests that women do not report rapes because they felt the incident was too personal or private to talk about or that it would do no good to report it. According to a survey by the Bureau of Justice Statistics, approximately 55 percent of rapes are committed by strangers, while 40 percent are committed by non-strangers, i.e., relatives or acquaintances. Less than 50 percent of reported rapes result in an arrest and, although surveys of the public indicate a preference for prison sentences of 12 years for the crime of rape, the average sentence for rape was 4.5 years at the time of the survey.

In the last decade we have also made progress in our understanding of the psychological impact of rape and sexual abuse upon victims. Victims of sexual assault include men, women, teenagers, young children, and even infants who suffer tremendous psychological and physical trauma which must be addressed in order for victims to recover from the trauma of their victimization. Adult victims of rape often suffer psychological stress which may last for many years after the attack. Such victims perceive the incident as life-threatening regardless of whether or not there is an overt use of force. Victims view themselves as powerless, helpless and experience extreme fear of serious physical injury or of being killed. As a result, victims of rape often suffer symptoms of rape trauma syndrome which include high levels of fear and anxiety, shame, self-blame, and anger.

Research demonstrates that many victims develop post-traumatic stress disorder which can plague a victim for several years following the assault, evidencing itself through depression, difficulty concentrating, intrusive thoughts and images about the incident with flashbacks, sleep disorders, and phobias. Indeed, some victims report post-traumatic stress symptoms 15 and 20 years after being subjected to the terror of rape. Some victims never feel completely free of the impact of that experience.

The physical and emotional trauma resulting from rape is magnified many times by the fear of contracting AIDS, as a result of the attack. Sexual assault and child sexual abuse victims must now fear that they not only may have contracted a sexually transmitted disease like gonorrhea, but also a life threatening disease for which there is no known cure. AIDS furthers the trauma and the post-traumatic stress of the victim. This has become a serious issue in several multiple victim child molestation cases.

The trauma of rape or sexual abuse can be even more devastating for child victims. As you know, child sexual abuse occurs within our society at an alarming rate. It is estimated that more than 100,000 children are sexually abused each year. Most victims of child sexual abuse are victimized by a family member or an adult who is known to, and trusted by, the child. The experience of local, state and Federal authorities charged with investigation, prosecution and provision of supportive services in this area indicates that regardless of whether the perpetrator of the abuse is a family member or non-family member, the most effective response to child sexual abuse is a well-coordinated, multidisciplinary team. Such an approach engages social services, law enforcement, mental health, medicine, and community-based services in a concerted effort to protect and treat victims and their families and to deal effectively with perpetrators.

The effects of sexual abuse on child victims vary depending upon several factors including the nature and extent of the abuse, the age and developmental level of the child, the relationship between the child and the perpetrator and the period of time over which the abuse took place. Sexually abused children often suffer many of the same symptoms as their adult counterparts. These disorders can, however be more severe. Child victims often suffer enormous emotional distress and develop maladaptive behavior in an effort to cope. School grades, and academic and social skills suffer as a result of the inability to concentrate. Self-esteem plummets. The propensity for acting out behavior, substance abuse, and juvenile delinquency increases as does the likelihood that the child will sexually victimize others.

Since VOCA grant programs began in 1986, all states have used a significant portion of their crime victim assistance formula grant funds to support direct services to adult and child victims of sexual assault. These programs have included rape crisis hotlines, emergency counseling, child sexual abuse treatment and other specialized services for sexual assault victims. In addition, numerous law enforcement, prosecutor, mental health and hospital-based programs have been developed which provide assistance and support to rape victims. Approximately $70 million from the Crime Victims Fund has been committed to support such services. I would add that during the last few years, counseling for adult victims of child molestation has steadily increased as a new area of specialized service in victim assistance programs.

Crime victim compensation funds are also steadily increasing as a resource for victims of sexual assault and sexual abuse. Since 1986, the number of crime compensation claims for adult and child victims of sex offenses has risen from approximately, 9,100 to 25,200 in fiscal year 1989. During the same years, the total amount paid in claims has risen from $11.1 million to $29.04 million. The bulk of these funds has been used to pay medical and mental health counseling expenses. These funds represent reimbursement for expenses which, prior to the enactment of VOCA, were often paid by the victim and a new resource for victims-who might not otherwise have funds to seek needed services.

In addition to supporting the expansion of direct services to crime victims, the Office for Victims of Crime has supported a number of training programs for law enforcement, prosecutors, the clergy, medical, mental health, and victim assistance professionals, all of whom come into contact with victims of sexual assault and abuse. These projects have included the development of a model sexual assault medical examination protocol which standardized procedures for hospital personnel in the examination, collection and preservation of physical evidence from victims of sexual assault and abuse -- while minimizing the additional physical and psychological trauma to the victims. This effort was duplicated in 14 states.

In collaboration with the Bureau of Justice Assistance, the Office for Victims of Crime has also supported a sexual assault prevention training program in which the 50 state leaders of the General Federation of Women's Clubs received training from the FBI on sexual assault, response to victims and prevention. Activities were conducted in all 50 states following the national training.

The last aspect of our programs which I would like to discuss is the work of the Office for Victims of Crime to develop services for victims of crime on Indian reservations.

The Office for Victims of Crime first became involved in the effort to develop services for victims of child sexual abuse in Indian country in early 1987. Shortly after the investigation was begun into the John Boone case on the Hopi Reservation, we received a request from Jan Emmerich, the victim-witness coordinator for the Arizona U.S. Attorney's Office, for funds to support emergency consultation throughout the conduct of the investigation. There were as many as 140 alleged child sexual abuse victims in one community on the Hopi Reservation involved in this single case. We responded affirmatively with support.

The thorough investigation and handling of the case by the Federal Bureau of Investigation (FBI) and U.S. Attorney resulted in a guilty plea by Boone and he was sentenced in early June. However, it soon became apparent that while Boone was no longer a threat, the Hopi community had an enormous need for education, consultation with professionals, and treatment for the child victims and their families. I visited the Hopi community in the spring of 1987 and met with the local Child Abuse Task Team, schoolteachers, counselors, and families of the victimized boys. The urgent need for treatment was almost overwhelming.

In an attempt to better serve these victims, our Office decided to identify and provide funding for professionals with expertise in child sexual abuse treatment to provide such treatment. We worked with the victim-witness coordinator to arrange for two therapists to be available in the community 4 days per month for a period of several months. Our goal in doing this was to provide short term treatment funds so these children and their families would have a place to turn.

Our involvement in the Hopi case marked the first time that the Crime Victims Fund was used to support treatment for child sexual abuse victims in Indian country. A short time later, we received another request from the U.S. Attorney in Arizona to support additional expertise in consultation in another multiple victim case on the Navajo Reservation and we responded with funding for that case which involved more than 200 alleged child sexual abuse victims.

Our experience with these and other cases in Arizona which came to our attention, convinced us that there was a clear and pressing need for treatment services for victims of these crimes. Again and again it was apparent that many victims of violent crime in Indian country do not have access to victim assistance services which are available in many communities. Large numbers of child sexual abuse victims were receiving no treatment at all months after disclosure of the abuse and even prosecution.

In response to these and other cases which came to our attention, in 1988, our Office undertook the development of victim assistance programs on Indian reservations as the highest priority for the use of that portion of the Fund which is set aside for services to victims of Federal crime. As a result, we have initiated a number of activities which have enabled us to be responsive to some of these needs. In 1988, we established a special fund totaling $250,000 to provide emergency assistance and services to victims of Federal crimes. The money is made available to the U.S. Attorney's Offices to meet emergency situations in which victims involved in Federal prosecutions need services which are unavailable through any other source--similar to those experienced in the Hopi and Navajo cases. We tapped that fund in March 1988 to provide approximately 3 months of therapy for 15 to 20 elementary school girls who were victims of child sexual abuse at the Rocky Ford School on the Pine Ridge Indian Reservation. The victim-witness coordinator in the U.S. Attorney's Office for the District of South Dakota worked with local service providers to arrange for the treatment of the children involved in this case. Our funding supported the initial evaluation and treatment and, it is our understanding, that local service providers supported extended treatment for any of the victims who needed it.

Since we began the utilization of this Fund, we have approved 44 requests and provided approximately $300,000 through 17 U.S. Attorney's Offices for services to assist victims of Federal crimes. More than two-thirds of this amount has been utilized to provide emergency assistance services to Native American crime victims on Indian reservations. Some examples of services supported include:

o $3,000 to provide a 3-day education program on child sexual abuse for parents, staff, and other persons on the Navajo Indian Reservation affected by the cases of multiple child sexual abuse at Kayenta Community School.

- $1,000 to pay for psychological evaluation and treatment of a 4-1/2 year old Native American girl who was sexually assaulted by her uncle on the Quinault Reservation.

- $12,000 to assist Colorado River Indian Tribe to provide short term evaluation and treatment for three 6-year old children in the reservation's day care center who were sexually abused.

- Approximately $8,000 to pay for 90 days of residential care through the Rain Dancers Youth Services, Inc., for a 16-year old Navajo youth who was molested by a public school teacher in a reservation school.

- Approximately $6,000 to continue mental health treatment services for two children who were victims of sexual molestation by a non-Indian minister on Lower Brule Indian Reservation.

- $38,000 to cover the costs of two therapists to provide treatment services for child sexual abuse victims on the Navajo Reservation.

These are but a few of the examples of direct services funding which our Office has initiated in response to requests for support for treatment services. In each of these cases, the victim-witness coordinator in the U.S. Attorney's Office worked with local service providers on the reservation to identify treatment alternatives for these victims and their families. In each case, no treatment was available and, thus, the request was made for support from our Office. We have continued to make such emergency funds available since we developed this program 2 years ago. Most of the treatment services we have supported have been short term in nature, primarily because of the limited amount of funding which we have available. In all cases, the Office for Victims of Crime has coordinated treatment with appropriate criminal justice officials, as this linkage is absolutely essential to ensure that victims' needs are met and offenders are held accountable for their crimes.

Because of the profound lack of services for adult and child victims of crime in Indian country, last year the Office for Victims of Crime began a systematic effort to develop victim assistance treatment services in Indian country. Early in fiscal year 1989, approximately $1 million was awarded in grants to nine state victim assistance agencies. The amount of the awards ranged from $35,500 to $250,500. States receiving grants were Arizona, South Dakota, Wisconsin, Michigan, North Dakota, Washington, Wyoming, Utah, and Oregon. These state victim assistance agencies made subgrant awards to 29 Indian tribes or organizations on reservations to support the development of a variety of victim assistance services. Because of the overwhelming interest in the development of such programs on reservations, we made an additional $700,000 available for tribes in other states early in this fiscal year. States receiving grants in this second round were Idaho, Kansas, Minnesota, Montana, Nevada, and New Mexico. To date, 46 new programs have been implemented on reservations and nearly all of these programs provide emergency assistance and support to victims, including adult and child victims of sexual assault and abuse. We have made a commitment to provide second year funding for these programs and we have recently awarded a grant to an Indian organization to provide training and technical assistance to these new crime victims programs.

In addition to utilizing funds earmarked for Federal crime victims to develop victim assistance programs on Indian reservations, OVC has encouraged state victim assistance agencies to support programs on reservations with funds which they receive through the victim assistance state grant program. Several states have done this and, as a result, approximately 30 other programs serving Native Americans have been supported through the formula grant program to states, utilizing approximately $600,000 over a 3-year period.

Crime victim compensation can be an important source of reimbursement for out-of-pocket expenses which are the result of a victimization. Until 1988, very few Native Americans living on reservations were aware that such programs were available to them. Working with the National Association of Crime Victim Compensation Boards, the Office for Victims of Crime has initiated an Native American outreach effort to inform victims of crime on reservations of these important programs. Gradually, victims of violent crime on reservations are becoming aware of crime victim compensation programs which are operated in the state in which they reside. Requests for compensation are increasingly being received by compensation programs.

To further develop awareness of the needs of victims of crime on Indian reservations, the Office for Victims of Crime has sponsored two national conferences for Native Americans entitled, "Indian Nations: Justice for Victims of Crime." Both conferences, one held in Rapid City, South Dakota, in 1988, and the other in Chandler, Arizona, in 1989, brought together hundreds of Native Americans who were victims of crime, advocates, or service providers from a variety of agencies and disciplines, including mental health, social services, criminal justice, and others. Participants shared experiences and learned how to establish effective services. During the conferences, workshops were held on investigation and prosecution of sexual assault and abuse, as well as treatment responses. Our Office plans to support a third national conference within the next year which will provide another opportunity for an interdisciplinary gathering of professionals to identify and address the needs of child and adult victims on reservations.

In order to improve the response to adult and child victims in Indian country, OVC has also sponsored a number of training opportunities for service providers and tribal and Federal officials responsible for investigating and prosecuting violent crimes in Indian country. For 3 years, OVC has funded teams of Federal officials to attend a day of training on the handling, investigation, and prosecution of child sexual abuse cases in the Federal system. The training is held in conjunction with the National Symposium on Child Sexual Abuse in Huntsville, Alabama, and presents state-of-the-art information for law enforcement, legal, medical, victim advocacy, mental health and social service professionals. Attendees have consisted of BIA, the Federal Bureau of Investigation, and other Federal and tribal law enforcement officers, Assistant U.S. Attorneys and tribal prosecutors, victim-witness coordinators, Native American victim advocates and representatives of tribes who were awarded Children's Justice Act grants. The purpose of the training has been to build skills and promote an interdisciplinary approach to coordinating all aspects of the investigation, prosecution, and treatment of victims in order to minimize trauma and improve services for the child victim.

OVC also sponsored "Child Sexual Exploitation: Federal, State, Local and Tribal Initiatives" in January 1990 in Phoenix, Arizona, for teams of BIA criminal investigators, FBI agents, Assistant U.S. Attorneys, Victim-Witness Coordinators and mental health professionals who must address child pornography and child sexual exploitation. Scholarships were provided for 50 Native American participants in this conference.

Over the last 2-1/2 years, the Office for Victims of Crime has made the development of victim assistance services on Indian reservations the highest priority for our program to serve victims of Federal crimes.

In 1988, during consideration of the reauthorization of the Victims of Crime Act, the Department of Justice advocated an amendment to VOCA which would increase the amount of the Fund for services for victims of Federal crime. Subsequently, VOCA was amended to provide up to $1.75 million for Federal crime victims and the amount available to states for the Children's Justice Act was reduced slightly so that Indian tribes could participate in this grant program. As a result, up to $675,000 of the $10 million available to states for the Children's Justice Act, is now made available by our Office to Indian tribes to improve the handling of child abuse cases, especially child sexual abuse cases on Indian reservations. The Department of Justice proposed the amendment to provide special funding for this activity because of our understanding of problems associated with child molestation cases involving Indian children in day and boarding schools which were operated on reservations.

Through this new grant program for Indian tribes, the Office for Victims of Crime is seeking to bring about systemic improvement in the way child abuse cases are investigated and prosecuted on reservations. We request that tribes design model programs that foster greater cooperation among all agencies, including law enforcement, prosecutors, mental health, social services and victim witness advocates. The first 10 grants were awarded in this grant program on February 6, 1990. Representatives of these tribes met for the first time last month at the Child Sexual Abuse Symposium. Each of the grants funded is unique and addresses the needs and circumstances of the tribe. The projects include special prosecution units; training for multidisciplinary teams; revision of tribal codes to address child abuse; child advocacy services for children involved in the court process; protocols for the reporting investigation, and prosecution, and treatment of child sexual abuse cases; and improved case management and treatment services.

We expect to make FY 1990 funds available to 8 to 12 tribes for the same purpose in a Federal Register notice which will be published in the near future. This year we will award a portion of these funds to a national organization with expertise in the jurisdictional and service delivery problems which occur in child abuse cases on Indian reservations. This grantee will provide technical assistance and consultation to the tribes which have been awarded Children's Justice Act grants.

In conclusion, the crime of rape can have long-term psychological effects for its victims and their families. Sensitive and skilled treatment by law enforcement officers who respond to the crime scene and interview victims, medical personnel who examine victims and gather forensic evidence, prosecutors who interview victims, negotiate pleas and prosecute cases, and victim assistance counselors can help a victim to feel safe and assist in the process of recovery.

Since enactment of the Victims of Crime Act of 1984, resources available to victims of sexual assault and child sexual abuse have increased significantly. I believe that we have made progress in improving our responses to victims of rape, however, it remains a very difficult area which is becoming more complicated by the issue of possible AIDS transmission, our increased awareness and understanding of date and acquaintance rape and child sexual abuse and exploitation.

The Office for Victims of Crime will continue to place a high priority on the development of service for sexual assault and abuse victims throughout the states and on Indian reservations.

Thank you.

Chairman MILLER. Thank you. Ms. Dale.

STATEMENT OF B. JOYCE DALE, EXECUTIVE DIRECTOR, DELAWARE COUNTY WOMEN AGAINST RAPE, MEDIA, PA; AND PRESIDENT OF THE NATIONAL NETWORK FOR VICTIMS OF SEXUAL ASSAULT, ARLINGTON, VA

Ms. DALE. Mr. Chairman and members of the Committee, thank you for inviting——

Chairman MILLER. I have to get you to speak up, here.

Ms. DALE. Can you—okay?

Chairman MILLER. Yes.

Ms. DALE. Can you hear me now?

Chairman MILLER. I can, but I don't know if they can hear you in the back.

Ms. DALE. Okay. Thank you for inviting me here today to speak on behalf of the National Network for Victims of Sexual Assault, and I'm also here today in my capacity as the Executive Director of Delaware County Women Against Rape, located, as Congressman Weldon mentioned, in Delaware County, Pennsylvania, which is a county of 555,000 located just west of the City of Philadelphia.

I would like to mention also that Delaware County in any year has the third- to fourth-highest crime rate in Pennsylvania, second to Philadelphia and Pittsburgh.

In many ways, our agency, Delaware County Women Against Rape, is a typical rape crisis center. We are one of 45 located in the State of Pennsylvania, serving 55 counties in Pennsylvania and 95 percent of the population in Pennsylvania. In any year, our agency provides services to 950 to 1,000 unduplicated clients, and we provide generally between 10,000 and 11,000 hours of service to these clients.

I did not mention in my written testimony, but I should, that our agency is supported in part by VOCA funds, in part by funds from the State of Pennsylvania, through United Way, and other discretionary funds that we receive. We have a small staff of eight. We will have ten within the next two months, partially due to increases in VOCA funds into Pennsylvania this year, and we generally have contributions from local community groups, foundations, those kinds of contributors, so that you know how we are funded. We are very typical of rape crisis centers in Pennsylvania. Our funding is very diversified.

We provide a broad range of services to sexual assault victims. The direct services include a 24-hour hot line, hospital and other medical accompaniment, accompaniment to all civil and criminal court proceedings the victim may be involved in, police interview accompaniment. We also offer short- and long-term counselling, we have special group counselling programs for rape survivors, adult incest survivors, and adolescent incest survivors.

We also have a public education program that each year provides over 200 programs to schools, community groups, and training for other professionals such as police, prosecutors, school guidance counsellors, other mental health professionals.

Generally—in the last three years, the percentage of children that we have provided services to has been 38 to 45 percent of our total victim clients. Ninety-five percent of our clients have been females, 25 percent minorities, and in 75 percent of our cases the victim and offender were known to each other in some way.

I'd like to talk a little bit today about our reporting rate and some of the factors that I think affect the reporting rate of our clients to police departments. In the last three years, 35 percent of our clients have been nonreporting clients. That is a relatively high rate—our rate of nonreporting is somewhat different from some other programs that report a 50 percent reporting rate; however, ours is only 35 percent nonreporting primarily because victims who come to us initially, perhaps reluctant to report, when they receive the support of services that our agency offers, including police interview accompaniment, that rate of nonreporting—or that rate of reporting to the police department increases.

I should also mention that our rates of nonreporting have increased from 20 percent in the early 1980s to 35 percent at the present time. Part of that is because of the fact that many new victims who come to our agency are adult incest survivors who, of course, obviously are not going to report to the police at this time when the assault occurred perhaps 10, 15, 20 years ago.

Some of the factors that I believe and our agency in our experience believes affect reporting rates for rape and sexual assault victims—there are numerous factors. First of all, as I mentioned before, in the case of adult incest survivors, the statute of limitations may have expired, and I have some specific recommendations concerning that later on, when I'm finished with my testimony.

Another factor may be that the offender has threatened the victim with reprisals or there is some kind of coercion involved, and during the testimony, I was reminded of a recent case that we've had in our agency of a young 13-year-old girl who was assaulted repeatedly over a period of two and a half years by her grandfather. She did not report this promptly.

She did not report this, obviously, throughout the two and a half years that the assaults took place. One of the reasons was that her grandfather—and this was a very subtle coercion—her grandfather told her that if she reported it to the police and they went to court, who did she think the jury would believe, a sweet little old man like me, or you? That was enough to prevent that victim from reporting for two and a half years, until she reached the age of 13.

We believe that one of the most significant factors in nonreporting has to do with the victim-offender relationship, and what we find—and I'll just summarize briefly my testimony regarding this—basically, what we find is that the better known the offender is to the victim the less likely she is to report. In our agency, almost all of our stranger rapes are reported.

Now, keep in mind that we are a private, nonprofit, community-based agency, and we do get reports from women who have not yet reported to the police. Most of our stranger rapes are reported to the police. Few of our incest cases are reported to the police, and of course, obviously, it has been mentioned before, and I think it's significant, that we need to look at the issue of acquaintance rape, particularly in high schools and in college campuses. This is a serious problem.

One of the things I'd like to mention that we have found to affect the rate of reporting of acquaintance rapes in high schools and in college campuses has to do with peer pressure from the other students, sometimes from—in a recent case that we had at Villanova University, the coach of the person accused on the swim team actually got the swim team members together and told them to rally around the offender to support him through this criminal trial.

This victim was harassed on campus by her peers. When she'd walk along the campus, if they passed her they would spit at her. This kind of peer pressure has a great effect on the willingness of victims of acquaintance rape to report the crime to the police.

Another factor that affects the rate or the ability of the victim to report this crime promptly to the police has to do with the psychological impact of the crime, and the delay in reporting that results from that that has been mentioned in other testimony today.

The only additional thing I would like to add is that while rape trauma syndrome evidence in criminal trials is very controversial with regard to credibility of the victim, a recent New York Court of Appeals case upheld the use of rape trauma syndrome testimony to explain delay in reporting. I think that's significant in looking at the reasons why women do not report. It is clear that the courts have now addressed the issue of this as explaining a delay in reporting.

The other factor that I just want to touch on briefly has to do with the criminal justice system response to sexual assault victims and, I think more importantly, their perception of how the criminal justice system is going to respond to them. I think that some of the reforms in the criminal justice system and the law have been mentioned today, having to do with corroboration requirements and the repeal of prompt reporting requirements, the addition of rape shield laws in many of the state statutes, but the fact remains that victims of sexual assault, of rape and sexual assault, are perceived in the criminal justice system with a great deal of suspicion and distrust, and that's reflected in jurors, that's reflected in some prosecutors, it may be reflected in some police officers, and additionally, judges who make decisions during the trials and who sentence the offenders if they're convicted.

Chairman MILLER. I'll ask you, if you can, to wrap up because we've got a problem with Dr. Wyatt and I have some questions for her. She has to catch an airplane, but——

Ms. DALE. I—I——

Chairman MILLER. We'll come back——

Ms. DALE. This concludes, really, basically, my——

Chairman MILLER. We'll—please feel free to jump in during the questioning.

[Prepared statement of B. Joyce Dale follows:]

PREPARED STATEMENT OF B. JOYCE DALE, EXECUTIVE DIRECTOR, DELAWARE COUNTY WOMEN AGAINST RAPE, MEDIA, PA; AND PRESIDENT OF THE NATIONAL NETWORK FOR VICTIMS OF SEXUAL ASSAULT, ARLINGTON, VA

Mr. Chairman, and Members of the House Select Committee on Children, Youth, and Families. Thank you for inviting me here today to testify on behalf of the National Network for Victims of Sexual Assault. The Network is a national organization whose members include individuals, rape crisis centers, and state coalitions of rape crisis centers joined together to advocate on behalf of victims of rape and other sexual assaults.

I am Joyce Dale and I currently serve as President of the Network. I am also testifying today in my capacity as Executive Director of Delaware County Women Against Rape, a private, non-profit victim services agency located in Media, PA, in a Pennsylvania county of 550,000 just west of Philadelphia. I have been the Executive Director of that agency for 15 1/2 years, since 1974.

Delaware County Women Against Rape is in many ways a typical privately based rape crisis center. Our agency provides a full range of direct services to sexual assault victims and their significant others as well as education and training programs to schools, community groups and other professionals.

In our 15 year history we have served thousands of rape and sexual assault victims and each year the agency provides over 10,000 hours of free and confidential services to between 950 and 1,000 unduplicated clients. Direct services to victims include a 24 hour hotline, crisis intervention, hospital and other medical accompaniment, police interview accompaniment, accompaniment to criminal and civil court proceedings, short and long term counseling and advocacy. Counseling services are provided either individually or in a group setting. Delaware County Women Against Rape offers group counseling for rape survivors, adolescent incest survivors, and adult incest survivors.

In addition, we present over 200 training and education programs each year to elementary and secondary schools, colleges, community groups, police and medical professionals.

Generally, between 38% and 45% of the rape and sexual assault victims we serve in a year are children under the age of 18. Approximately 75% of all assailants are known to the victim. Most (95%) of the victims are females and almost 25% are minorities.

In the last three years approximately 35% of the victims we served did not report the incident to the police or other criminal justice agency. The rate of non-reporting by our clients has increased from 20% in 1980. Rape crisis centers, because they are privately based victim service agencies rather than victim services based in a police department or prosecutor's office, are an important and often overlooked source of information concerning how often and for what reasons rape and sexual assault victims choose not to report these crimes to authorities.

Many factors influence the reporting of sex offenses. In some cases, by the time the victim discloses the assault to anyone, even a rape counselor, the statute of limitations has expired and therefore arrest or prosecution in the case is precluded. This happens most frequently in cases where the assault occurred in childhood and the assailant was a member of the victim's immediate family or another relative. 25% of the adult women who request and receive services from Women Against Rape fall within this category.

Our state coalition, the Pennsylvania Coalition Against Rape (PCAR), recently surveyed the 45 Pennsylvania rape crisis centers serving almost 95% of the population of the state. The survey revealed that in 50% of the requests for service from these rape crisis centers by adult incest survivors, the victim waited over five years to come forward. In 21% of the cases the victim waited more than ten years to disclose. In Pennsylvania, the statute of limitations for rape and other sex offenses that are first degree felonies, is five years.

A sex offender subdues his victim through the use of force, threats of force, or coersion. He will then often threaten the victim with reprisals in order to discourage her from reporting to the police. Reprisals can include threats of actual physical harm or other consequences to the victim or her friends and family. While few assailants actually carry out these threats, fear of the possibility of such reprisals is often a barrier to the victim promptly reporting the assault. At times, as in the case of incest offenses, coerced silence is the price the victim pays for protection of her family - most often her younger siblings.

By far, one of the most significant factors influencing reporting rates is the victim/offender relationship. Almost without exception, the better known the assailant is to the victim the less likely she is to report the crime to authorities.

Assaults by strangers account for only 25% of the overall cases in our agency, although almost all stranger assaults are reported to the police. Some programs report an even lower rate of stranger assault. For example, the recent statewide survey of all Pennsylvania rape crisis centers by PCAR found that when victims were under the age of 18 only 9% of the assailants were strangers. When victims were over age 18, the incidence rate of stranger assaults was 14%. Generally, while stranger assaults clearly represent a minority of all rape and other sexual assaults, the criminal justice reporting rates for these cases are high compared with reporting rates for non-stranger assaults. Our experience is that the willingness of the victim to report the crime decreases in direct relation to the extent to which she knows the offender.

For example, a victim of acquaintance rape, perhaps by a fellow student on a college campus, may take several months to disclose the assault to anyone, even close friends. A combination of threats by the assailant, shock and disbelief, feelings of betrayal, all combine to make prompt reporting highly unlikely. Moreover, when the victim does disclose, probably at first to close friends or a trusted adult, she may be discouraged from reporting further. In our experience this is expecially true in the case of high school and college age women, where peer pressure, particularly from friends of the assailant, can have a seriously detrimental effect on reporting.

Incredibly, on college campuses the pressure not to report to the police comes not only from fellow students and/or friends of the assailant, but from faculty members, coaches of sports teams, and administrators fearful of the possibility of declining enrollments if parents perceive their children to be at risk of sexual assault on their campus. In this atmosphere the victim is often blamed for the assault and the culpability of the offender is minimized, if not denied. It is hardly surprising that these victims are reluctant to take the further step of reporting to the police.

When a victim has been assaulted by someone well known such as a boyfriend, husband, uncle, grandfather or other relative, she may not report because of threats or coercion, but more likely than not, divided loyalties and concern for the welfare of her family and that of the offender, influences her decision to report. When other family members believe that the offender will be incarcerated if he is prosecuted and convicted they may pressure the victim not to report.

Finally, victims least likely to report promptly to the police, if ever, are those who are assaulted by a father or father surrogate. Approximately 25% of the adult victims and 35% of the children we serve have been assaulted by a family member. Most often the assailant is a father, stepfather, or father surrogate. The women we see as adults were assaulted as children, sometimes 20 or 30 years ago, and frequently have never before disclosed the assault, even to a trusted friend. Years later, after coping with the trauma of child sexual abuse in isolation, they come to Women Against Rape for individual and group counseling.

Children under the age of 18, victimized by a father, or father surrogate, are often still in an ongoing assault situation. When they finally break the silence and disclose, it is most often to a trusted friend, a teacher, a rape counselor following a school speech, or anonymously to a crisis hotline. Sometimes they disclose to the non-offending parent. Seldom, if ever, do they initially disclose to the police. If these cases are reported, they are among the most difficult to prosecute.

The psychological impact of rape and sexual assault, manifested in a variety of symptoms referred to as rape trauma syndrome or post traumatic stress disorder, can affect the victim's decision to report the crime. In the past 15 years Burgess and Holmstrom, Frank, Kilpatrick and others have made important contributions to the literature on the psychological ramifications of sexual assault. While methodologies and focus may differ, all researchers have come to basically the same conclusion. That is, that rape and other sexual assaults cause considerable fear, anxiety, depression, eating and sleeping pattern disturbances, and feelings of confusion and loss of control over life events. This research has validated what rape crisis centers over the past 15 years have learned by experience in providing direct services to this population.

Short term, intermediate, and long term consequences have been identified, particularly problems associated with rape related fear and anxiety. Rape related distress is often acute in the first days and sometimes months following the assault. Many victims report not being fully recovered years after the assault, citing feelings involving anger, diminished capacity to enjoy life, and hypervigilance to danger.

Feelings of fear, anxiety, and loss of control immediately following the assault make it dificult for victims to make decisions generally, including one to report the assault. This difficulty, of course, is exacerbated when the offender is well-known to the victim. However, our experience shows that the decision to report the crime is interpreted by the victim as a means of regaining control over at least one aspect of her life. It is usually a profoundly personal decision that the victim reaches after much deliberation, at time days, weeks, or months after the assault

Evidence of rape trauma syndrome, while controversial with regard to establishing credibility of the victim, has been admitted in criminal trials. In a recent case, New York v. Taylor, 58 U.S.L.W. 2514 (N.Y. Ct. App. 1990), the New York Court of Appeals held expert testimony on rape trauma syndrome admissable to explain fear of reporting a known offender and delay in reporting to authorities.

Significant reforms in rape law have occurred in the past 15 years, including repeal of corroboration requirements, the addition of rape shield provisions in many state statutes, and changes in resistance standards. Statutory prompt reporting requirements have been repealed in many states, a recognition of the discriminatory and unrealistic nature of such laws.

Police and prosecutors are better trained to investigate and prosecute rape and sexual assault cases. In Pennsylvania and other states district attorneys are prosecuting complex cases, such as acquaintance rape and incestuous assault. These are cases that 15 years ago would never have been reported, much less have resulted in an arrest. At Delaware County Women Against Rape in the early 1980's 30% to 40% of our reported cases resulted in an arrest. Currently, about 55% of our reported cases result in arrest.

Nevertheless, almost all of our clients have serious reservations concerning participation in the criminal justice system. Some make the decision not to report or prosecute, primarily because of their perceptions regarding the poor treatment of rape and sexual assault victims in the criminal justice system.

State and federal crime victim compensation programs as well as the advent of victim-witness units in police departments and prosecutor's offices have certainly resulted in more humane and just treatment in the criminal justice system for all victims. But these reforms do little, if anything, to change the fundamental fact that rape and sexual assault victims are still regarded with almost medieval suspicion and distrust by judges, jurors, society in general, and by the criminal justice system charged with protecting their interests. Virtually the only exception to this fact is rape by a stranger.

We do, however, encourage victims to report and prosecute rape and sexual assault. It is, after all, a criminal offense and announced public policy supports reporting and prosecuting. It has also been our experience that while victims are frequently initially reluctant to report, for reasons already discussed, prosecution can be a very therapeutic experience for victims. It is a way to regain control over life events and is often a significant phase in the recovery process. Even victims whose criminal cases do not result in a conviction, frequently express satisfaction in having done everything within their control to see justice done.

Violence against women and children, including rape, battery, and child sexual abuse, is an epidemic in this country. We must work together to find solutions to this complex problem. Toward that end we make the following specific recommendations:

1. Because of delays in reporting, for reasons discussed above, statutes of limitations for sex offenses, particularly rape and other first degree felonies, should be increased in both civil and criminal law. In cases of child sexual assault, the statute should not run until the child has reached legal age, and should be increased from five years in most jurisdictions, to ten or fifteen years.

2. No victim, under any circumstances, should be required by any federal law, government regulation, or state statute, to report rape and sexual assault to the police in order to access services made necessary as a direct consequence of the assault incident.

3. Because it has been clearly demonstrated by research and practice that rape and other sexual assaults have serious short and long term psychological consequences, government support for services to these victims, as a matter of public policy, is essential. While victim-witness programs in prosecutors offices are helpful, they reach only those victims who have reported and whose case has resulted in a prosecution. If we are to provide assistance to the most victims and, hopefully increase reporting rates for these offenses, private community based rape crisis centers, providing support, counseling, accompaniment and advocacy in a confidential setting to victims who may initially be reluctant to report, must be strongly supported by government policy.

4. Education and prevention programs about rape and sexual assault designed to combat the myths and stereotypes surrounding these crimes must be targeted to schools and the public at large.

5. Finally, training for criminal justice system personnel, including police, prosecutors, and especially judges, should be readily available. Preferably, such training should be conducted by multi-disciplinary teams of criminal justice professionals and sexual assault counselors.

Chairman MILLER. Let me thank all of you, very much, for your time and your effort to be here today. Dr. Wyatt, let me begin with you, and then I'll ask the members of the panel if they have a specific question of you, so we don't keep you from making your plane. You went out and found 248 victims, people who had not reported this crime, is that correct?

Ms. WYATT. This was a random sample of women in Los Angeles County so these were not necessarily rape victims. We did not know that they were rape victims. We only were recruiting women who wanted to talk about their sexual experiences. We called over 11,000 phone numbers in Los Angeles County to find the 248 women who were matched on their demographic characteristics.

Chairman MILLER. Okay. So, then, you have these 248 women who are all rape victims?

Ms. WYATT. No. Not at all.

Chairman MILLER. Not all.

Ms. WYATT. No.

Chairman MILLER. Okay. Of the rape victims, you go into why they did not report, but some of them did report?

Ms. WYATT. A few did report, yes.

Chairman MILLER. Okay. A few did report. The question I'm asking is did you have—is there anything in the study that you can tell us about in terms of the truthfulness of the stories recited to you by those who reported and those that didn't?

One of the underlying arguments that was made in the debate, was that unless we forced women to report to the police, or—we got into an argument over other official agencies, but let's just assume for a minute the police—that, somehow, we couldn't trust their stories. This forced the women to tell the truth because otherwise people would be saying that they'd been raped so they could get an abortion.

Ms. WYATT. The advantage of conducting a community study was that there was no intent to document their rape to police or any other person. These were individuals who came forward and were recruited simply because they were willing to talk about a range of sexual experiences.

Some of the questions had to do with rape and attempted rape at various times in their lives. We asked questions more than once, we asked them over time, we asked questions on the telephone, and we asked them face to face, we did a variety of things to document the internal consistency of their responses, and their rates of consistency were really quite high. Women were upset in disclosing these experiences. It was not uncommon for women to cry. It was not uncommon for us to cry with them.

I want to add to you that when you talk about the rate of pregnancy amongst rape victims, some women were raped again by their husband or boyfriend when they disclosed to them, so it was impossible for them to determine if they had become pregnant by a perpetrator or by their spouse.

Chairman MILLER. They were raped——

Ms. WYATT. This is a really complicated issue in terms of to whom you do disclose. Even people that you know will misunderstand and sexualize your disclosure. The dynamics of nonreporting are just so great we're just beginning to understand the effect, not only that it has on the victim, but then the effect that it has on the person to whom it is disclosed. It is arousing for some individuals to hear about the vulnerability and pain of another person, and sometimes they take advantage of it. We've not even begun to examine those kinds of motivations at all.

Chairman **Miller**. Congresswoman Boxer? If—if people have questions of Dr. Wyatt——

Mrs. **Boxer**. I think there's just one.

Chairman **Miller**. We have a vote on so——

Mrs. **Boxer**. One question. In your testimony you said that in some cases the police themselves assaulted the victims when they reported the crime?

Ms. **Wyatt**. Yes, they did. Yes, they did.

Mrs. **Boxer**. I would like you to elaborate on that, since there are some in Congress who would only grant Medicaid funding to victims of rape or incest, particularly rape, if, in fact, they went down to the police within 24 hours and reported this crime. Could you comment on whether more than one person had an assault by police?

Ms. **Wyatt**. More than one person called the police, the police came to their home or apartment, saw that they were in a very vulnerable situation, and raped them again. It made absolutely no sense for that person to go back to the police.

Many police did not victimize the person sexually, but they victimized in terms of the kinds of questions that they asked. "Well, look at the way you're dressed." "Well, did you know this person?" "Why were you sitting on his bed?" That kind of questioning. They also tended not to follow up.

You know, you can make a call to police, but then the police have to call to investigate, and the calls weren't made. Even when calls were made by friends and family for the victim, many times the police never followed up. These are the situations that I think communicate to victim-survivors that they should not bother to report. And, it——

Mrs. **Boxer**. So, sometimes in the best case they won't do much of anything, and in the worst case they'll even assault the victim?

Ms. **Wyatt**. That has been done. I'm not saying it's done categorically, but I'm saying these things happen, and we cannot simply look at the victim. We have to look at the entire system and the training and the perceptions of all individuals involved.

Mrs. **Boxer**. Okay. Thank you.

Chairman **Miller**. Congressman Weldon?

Mr. **Weldon**. Are these just questions of——

Chairman **Miller**. Yes. Of Dr. Wyatt because we have a vote, and then she can feel free to leave.

Mr. **Weldon**. No. I don't have any. Just to thank you for your outstanding testimony and for the study. We'll review that in detail and we appreciate your comments.

Ms. **Wyatt**. Thank you.

Chairman **Miller**. Congressman Sarpalius?

Mr. **Sarpalius**. I, too, want to thank you for your testimony, and especially am interested in how it affects the family and the children and the loved ones that are involved in that situation, as well.

Ms. **Wyatt**. Thank you.

Chairman MILLER. Congressman Wolf?

Mr. WOLF. Thank you, very much. I will read your testimony, read the testimony of everyone. I thank you for coming.

Ms. WYATT. Thank you.

Chairman MILLER. Yes. We'll adjourn to go to vote. Well, okay, Dr. Wyatt, we'll let you go because I think your testimony speaks to the issue of 24 hour, 48 hour——

Ms. WYATT. Yes.

Chairman MILLER [continuing]. Lines, so I think you've answered that question.

Oh, Dick, did you have a question?

Mr. DURBIN. [No audible response.]

Chairman MILLER. We'll be back here in about five minutes, go over and vote and come back, and we'll continue with the questions so if you can stay with us——

[Recess.]

Chairman MILLER. The select committee will reconvene. Let me, if I might, let you respond to the question that I had asked, and I think Congresswoman Boxer had also asked the question.

My question was with respect to the notion that reporting was somehow a measure of the truth and veracity of an individual with respect to whether or not they had in fact been raped, that this is the only way that the government could prevent an unjustified call on treasury dollars for Medicaid expenditures because people would come in and say that they had been raped so that they could get an abortion.

Would you go ahead and respond to that, if you want to respond beyond what Dr. Wyatt had suggested or what you see in terms of the victims you interview. Bring the mike toward you, Ms. Robinson.

Ms. KEYES-ROBINSON. I can tell you, in Maryland our statutes and our laws are such that with regard to—as it currently stands, you can obtain an abortion on some limited degree under certain circumstances, but I want to give you an example——

Chairman MILLER. Can we close those doors if there's going to be people in the hall? You can either come in or come out, but——

Ms. KEYES-ROBINSON. I wanted to give you an example of one of the problems we had been having to show you that it really isn't about getting an abortion just for the sake of getting an abortion and—not reporting. I have a case where a husband and wife were sexually abusing their three daughters for years. I say for years, I mean, we went back at least 10 years with the oldest. All three girls had been impregnated by the father. Total—ten abortions.

This man was having sexual intercourse with his three daughters almost every night. He was impregnating them. Mom was taking them for abortions. The girls were extremely traumatized. They remained in their home. He watched them. He made sure they went straight to school and came straight home. They had no friends. The had no contacts. Whenever there was suspicion by family or local neighbors or friends, they moved.

That's real. We're not talking about people reporting or asking for abortions because they're making things up. When they do report and they do come forward, they have to be examined by a physician. It's extremely humiliating. They have to explain what has happened to them, and I think the reality is that, if in fact there is a pregnancy that results, it is devastating for any age victim to have to live with that and not be permitted the ability to terminate that pregnancy merely because of money. For poorer individuals, that's what we're talking about.

It's very sad, in Baltimore inner city where you see young people, 12-year-old girls—I had a young girl recently, as a result of being pregnant by mom's boyfriend, her body, the doctor explained to me, went through some type of a cell change, and I wasn't really sure about the medical aspect of what he was trying to explain, but she ended up with some kind of tumor that turned into a cancerous type of thing. She had all sorts of problems as a result of having been raped and her body's being so young and traumatized, physically going through other problems that her young body could not handle.

We prosecuted that case. He was convicted. But, nevertheless, she's still going through all sorts of therapy both physically and mentally. So I think that you need to think about, when you talk about rape and you're talking about pregnancy and you're talking about delayed reporting, I can't tell her because she didn't tell us within the first 48 hours that now she's three month's pregnant she should be not afforded some assistance if she does not wish to carry that pregnancy.

I understand the dilemma by the legislators—on both sides of the House. I understand that. Logically and rationally, I understand that. But in the real world we're talking about abuse, physically. We're talking about sexual intercourse by force, where the victim has no choice, and you're then saying "Now, if you report it, make sure you do it within 48 hours."

Chairman **Miller**. Let me ask you this, if I might, and I'm asking these sort of across the panel, so please feel free to jump in. To what extent is the knowledge of pregnancy a factor in reporting? Do people, when they find out—are women, when they find out that they are pregnant, more likely to report, less likely, or is there any way of knowing anything about——

Ms. **Dale**. I don't think there's any relation. From our experience, with both reporting and nonreporting victims, pregnancy is not an issue. We have not found pregnancy to be an issue at all. The issue is, rather, the factors that we mentioned before across the panel. The relationship between the victim and offender may affect whether she's going to report, threats, fear of the criminal justice system, those factors affect reporting and delay in reporting, and we have not found pregnancy to have any affect on reporting at this point.

Dr. **Kilpatrick**. Well, I think one consideration is that people, right after they've been raped, don't know if they're pregnant, for one thing——

Chairman **Miller**. Right.

Dr. **Kilpatrick** [continuing]. So, it takes a while to figure out whether or not someone is pregnant.

I would just say, on a more general basis, that it's useful to understand that false reporting seems to be much less of a problem than nonreporting.

Chairman **Miller**. Well, there's a trend in the Congress, you know, that if this is the issue, you try to get people to look somwhere else here, but we're just trying to work with that.

I guess what I'm asking is, in the aftermath of a rape—in your discussion and knowledge of victims—is there a progression of increasing tension here about what do you do? Mrs. Zehner, you said when you finally determined that you were pregnant, there was another whole set of circumstances that you had to deal with. I assume that if you missed your period you hoped to God you just missed your period and you were not pregnant.

Are those factors in reporting or should we just ignore those, knowing that you can go right by these various mileposts in terms of the trauma and the aftermath and still not consider whether you're going to go to the official authorities and report.

Ms. **Keyes-Robinson**. I think that——

Chairman **Miller**. I mean, assume that maybe if you find you're pregnant you're thinking I'm going to get an abortion; I'm not going to report—the two things are not connected.

Ms. **Keyes-Robinson**. That's right.

Ms. **Zehner**. Right. They're not connected in most cases.

Chairman **Miller**. Well, let me go back to the—to one that is the—is sort of the fundamental one, here, and that is that somehow we can put down an arbitrary guideline of 24 hours—and I have actually sat in hours and hours of meetings, now, since the last time we addressed this issue, arguing whether people would be truthful in 24 hours, 48 hours, or 72 hours or two weeks, and clearly, anybody that went beyond two weeks just wasn't worth caring about.

Let me just ask you if you can comment on the notion of those kinds of guidelines?

Ms. **Keyes-Robinson**. I think they're absurd. I—I'm being quite honest with you.

Chairman **Miller**. You don't have to be lengthy. I was just asking. [Laughter.]

Ms. **Keyes-Robinson**. It's absurd. I cannot imagine——

Chairman **Miller**. Is there—let me ask you again if there's anything in your victims or having been a victim that would indicate to you that this would change people's behavior?

Ms. **Keyes-Robinson**. I don't think it's going to change behavior at all.

Chairman **Miller**. Ms. Dale, you've worked with—you've counseled a number of people.

Ms. **Dale**. No. I don't think it would change behavior at all, and I think we know it is a fact that many victims do not report for days, weeks, months, years. We have women coming to our agency who were—and of course, now, I will admit that we encourage young children to come forward now when they are assaulted and hopefully we won't see 25 years from now adult women coming forward having been assaulted as women.

But these women come to our agency sometimes when they're 45 years old and they have been assaulted at the age of 5 or 10 or 15. I don't think that you could possibly set an arbitrary time limit on reporting to the police, much less—I'm not certain that it's ethical to force a victim to report to the police at all, ever. I think that's a profoundly personal decision that victims reach sometimes after lengthy counseling.

Some victims report immediately, as I mentioned, but we find those victims who report immediately tend to be the victims of strangers. Those victims who are assaulted by acquaintances and loved ones are in the majority of victims.

Chairman **Miller**. What's the distinction? What's the distinction with a stranger? Do they view that more in a criminal——

Ms. **Dale**. I believe that's true.

Chairman **Miller** [continuing]. Sense?

Ms. **Dale**. Our experience—I believe that's true. I believe that in this society if you are a victim of crime your first tendency is to call the police, and I believe that a victim of a stranger rape is more likely to do that because I believe she perceives herself as not to blame as much as victims who are assaulted by acquaintances.

I think Marty Zehner spoke to that issue eloquently. When you are raped by someone who is known to you, you are more likely to be involved in self-blame, and if the person's well-known to you, you're going to take a lot of time considering should I report. If I know his family, will it cause his children to not have a father if he's sent to jail? All of those things affect that decision to report when it's——

Chairman **Miller**. Ms. Robinson, is that true in your experience?

Ms. **Keyes-Robinson**. The only difference that I can find is that for us in Baltimore City the stranger cases are easier to prosecute, and we——

Chairman **Miller**. That fits with everybody's——

Ms. **Keyes-Robinson**. Right.

Chairman **Miller** [continuing]. Picture of the criminal act.

Ms. **Keyes-Robinson**. That's right. That's the "criminal" act. In terms of evidence, we're looking for hair fibers, sperm, some kind of forensic evidence to match ID, because for the most part the victim doesn't know her assailant. In those types of cases, generally there's extreme violence because it's a stranger. So she's going to in some regard put up a struggle, maybe, or if there wasn't a struggle, it will be because there was a weapon displayed, a knife or a gun.

That makes it, in Maryland, a first degree offense, a more serious case. Date rape, acquaintance rape, where there's generally no physical violence to the person, necessarily, is a second degree rape in Maryland, which is a 20-year sentence as opposed to life. So it's a different caliber of case, and those are the ones where we don't get the early reporting, when the jury wants to know "Why didn't you yell?" "Why didn't you report right away?"

Dr. **Kilpatrick**. If I could respond to that, too, at least in our research we don't find any difference in terms of the amount of violence in date cases and in spousal cases and in stranger cases. So that may reflect which ones make it to the criminal system.

I would just reiterate that one of the reasons that people said that they did not report in our studies had to do with the fact that they did not conceptualize it as being a crime, even though legally it would be defined as forcible rape, and secondly, they were concerned that no one would believe them.

Again, I think the whole issue of teaching all of us to understand the true scope of rape and what it's like is very important because, again, many people aren't reporting simply because they think it's only a crime if a stranger does it to you.

Chairman **Miller**. What's—what's the——

Ms. **Zehner**. I think—let me say this, there's a third thing, too, and that is that many people don't report because they really don't want anyone to know, and fourthly, they feel that if they report and if they are believed so far as using the criminal justice system, that they're going to get a really raw deal and it's going to be too hard to go through. It's creating trauma upon trauma upon trauma.

I've sat in courtrooms with rape victims, and the trauma in the courtroom is as bad as the rape almost. So when we ask why people don't report, it's because of the horrendous experience for many—not everyone—but for many, many people. So I think we can go on and list a number of reasons why there's weight on the side of people who choose not to report.

Chairman **Miller**. Let me ask you this, to continue the confrontation that we've had on the floor obviously, the purpose being to cut off access to abortion—the notion that you would have to report to an official agency. If we were really interested in reporting, if we were really interested in prosecution, what your testimony seems to suggest is that we would also allow individuals to go to a crisis center to a program that is designed to deal with their trauma to hopefully get them to see themselves as victims of a crime, and to move forward with the prosecution of the individual.

But it sounds like that takes a great deal of effort to get an individual to come forward. As someone mentioned in their testimony, the hand-holding that is, in fact, required to get people to come do that. So, again, I'm back in the real world where we suggest it's only an official agency that can cope with this, but the suggestion is that people turn to their church, they turn to their family, they may turn to women's support group or a rape crisis center or a violence center or what have you, given what's available to them. That may be a more realistic channel into the criminal justice system if we're interested in seeing these people prosecuted. Are we sort of missing the mark, here, right on——

Ms. **Keyes-Robinson**. Well, the only thing I think that you have to keep in mind is the stepping forward, whether it be a police agency or a rape crisis center, is the step that the rape victim has a problem taking. In Maryland, we have a rape crisis center that has a 24-hour hot line. This is manned by volunteers, by women who have been counseled, some previously been raped, and people don't want to give their names and talk about who they are on a 24-hour hot line at a rape crisis center, not a police agency.

We allow people to report children being raped to our child protective services, anonymously. But they don't want to report. I mean, we're having problems where there is a sort of a veil of anonymity, where people don't have to name who they are, and you have problems with reporting. So I don't think it makes a difference whether it's a police agency or a volunteer community support church agency.

The issue is are you going to tag their ability to muster courage and support on a 24-hour or 48-hour deadline where the woman may be in so much trauma, either physically or emotionally, that she's not able to go to work. I mean, just get up. You're asking her—now, you've got the burden. You've got to go out and if you miss the 48 hours, then it's too late. I think that that's got to be absurd, and I can't believe that the understanding, the true understanding of what the trauma a rape victim is going through mentally, can be some way limited or have this hourly deadline imposed upon it.

Chairman MILLER. Ms. Dale, do you have any comment on that?

Ms. DALE. I did have one comment about a remark that you made earlier and I wasn't real clear about it. There is apparently some question as to whether a victim is more likely to lie later or initially?

Chairman MILLER. Well, I think in the debate, in the discussions we've had with proponents of these timelines and reporting requirements, the suggestion has been both that those people who come forth right away and seek the prosecution are those who are telling the truth, those who are later, maybe it wasn't as serious, it wasn't—you know, all the characterizations people can put on this crime.

The question, again, is that if they were willing to walk in the front door of a police station, those were people who were willing to tell the truth, but if they went to a rape crisis center maybe they—maybe they found—I hate to tell you how bizarre this debate gets—it gets very bizarre, but essentially that people found them, supported them, used them for their own political purposes to get them to testify and prosecute, and therefore that we've really got to deal with official agencies. Now——

Ms. DALE. Oh, so there is some discussion about if there is a reporting requirement, that it only be to police officials.

Chairman MILLER. Yes. Yes.

Ms. DALE. I'd like to speak, maybe just briefly, to that. In Pennsylvania we've had an experience with our Crime Victim Compensation Board. I don't know if this is helpful or not, but our Crime Victim Compensation Board requires a report within a certain period of time in order to be eligible for crime victim compensation funds, and we had a case where the victim did delay in reporting for all of the reasons or some of the reasons that have already been mentioned here, and she later reported to us and subsequently reported to the police, but not within the timeframe. She had reported to us within I believe 24 or 48 hours.

The Victim Compensation Board made the decision that she was eligible for her funds based on the fact that she had reported to a rape crisis center, in spite of the fact that it's a requirement that she report to police authorities. I don't know if that helps in your discussions of this or not. I personally don't feel that a victim should be mandated to report anywhere under any circumstances. I think that it's contrary to all we know about how a victim regains control over her own life. I think that it's a profoundly personal decision to make, and I don't see it at all made in relation to a potential pregnancy. It's made because of a number of other reasons.

Chairman **Miller**. Well, the reporting requirement—and then I'll recognize Mrs. Boxer, but the reporting requirement, obviously, jumps out a little bit because if you go with Ms. Robinson's description, and I think an agreed-upon description that this is a violent crime, this is an assault and a battery and in some cases this is murder, is where it ends up, that if I am assaulted and I am a poor person and I wake up and I don't feel so good, and a couple of days later I go to the county hospital because I've had my head bashed in and I need medical services, they don't ask me whether I reported this assault to the police. They ask me whether my head's bashed in and whether I have a headache.

So you don't see this anywhere else in the criminal justice system. You see it, certainly, with statutes of limitation with respect to prosecution, but not with respect to treatment of a victim. There is no other violent crime where we demand the reporting. We've obviously gone through a whole series of cases where victims of rape are in no position to report and are clinging for life for days, weeks, and months, or permanently unable to recall the event. I think the motives can be seriously laid open to question when you see that there's nowhere else we're even thinking of this kind of effort.

Ms. **Dale**. Well, and it also is discriminatory in that we're talking only about poor women that are raped and who become pregnant, whereas if you can afford an abortion from a facility—a reproductive health facility—this is not an issue for you. So not only are we discriminating against rape and sexual assault victims by requiring them to report something that other victims within a certain period of time do not other than the statute of limitations, we're also discriminating against those women who are poor.

Chairman **Miller**. If I just might——

Mrs. **Boxer**. Yes.

Chairman **Miller**. You can have all the time you want.

Mrs. **Boxer**. No, please go right ahead. Yes.

Chairman **Miller**. Let me just ask because there's the other side of this. In terms of—and Dr. Wyatt's not here, but maybe we can ferret out of her study—what percentage of cases are we talking about where there is a threat, where there is an intimidation of the victim?

In the case of the college classmate that is raped, the rapist has left a threat with that woman, If you tell, I'll tell everybody you slept with me. The father threatens to leave home or to divorce, or the stranger leaves the threat of violence.

Ms. **Keyes-Robinson**. Every——

Ms. **Dale**. It's every case?

Ms. **Zehner**. There's always a——

Ms. **Keyes-Robinson**. Every case.

Ms. **Dale**. There is a threat or there is some coercion.

Chairman **Miller**. So discovery is a real problem for the perpetrator of the crime.

Ms. **Keyes-Robinson**. As long as they're not discovered they can continue, and that's the whole point. As long as they're not discovered, as long as they can intimidate the victim and keep it under cover, under wraps, in the dark, they can continue and they will. That's our biggest problem, is to get people to come forward.

Chairman **Miller**. So in this case, essentially, we're taking the victim of this assault and we're asking them to actually display a form of courage——

Ms. **Keyes-Robinson**. Beyond—what is reasonable.

Chairman **Miller** [continuing]. Beyond——

What people who have been mugged, stabbed, beaten, coerced, are willing to display when they know the perpetrator, when the person lives in your neighborhood, when the person is a honcho don't, but this person who is raped is supposed to come forward or lose their rights under the law?

Ms. **Keyes-Robinson**. Let me give you an example. I have a case where a 10-year-old girl has been raped. I have medical evidence. I have an expert physician who examines children and has told me this little girl has been raped. There's no question about it. The problem is I don't know who, and only she can tell me, and she won't. So she's in therapy and I wait because in Maryland I have no statute of limitations. When she tells me I'm going to indict him.

Chairman **Miller**. Well, in Virginia we're confronted this week with a woman raped 20 years ago, right?

Ms. **Keyes-Robinson**. But the reality is that that's what happens all the time, and it's not an exception, it's the rule for us. We have to wait for the victims to come forward because the juries need to hear them. What you're suggesting by your example is do it in 48 hours. That message, even though it will apply mostly to poorer individuals, that message is going to go out to the victims in the community. They're going to hear what Congress is saying to them in terms of how quickly they need to respond. The stereotype is reinforced.

Chairman **Miller**. Well, potentially, the message may be garbled and not only is it a question of whether you will have access to an abortion, it's access to prosecution.

Ms. **Keyes-Robinson**. That's right.

Chairman **Miller**. It's a garbled message.

Ms. **Keyes-Robinson**. It's a garbled message.

Chairman **Miller**. You have to exercise within 48 hours.

Ms. **Keyes-Robinson**. Just to play devil's advocate, if I were a defense attorney I'd have a field day with that. "Well, didn't you tell within 48 hours, or isn't it a fact?" You take the other side of that and see how it just further victimizes the victim. You've already started out telling the victim "We're going to believe you. Rape is violence. It's a crime. But you've got to let us know, if you want that abortion, within 48 hours." That's ridiculous.

Ms. **Zehner**. Well, those of us who have worked on the hot lines in the rape crisis centers, which I have done, know how many hours and days and weeks we may spend with women who call in who are victims of rape and sexual assault, children, adolescents who are being sexually abused by relatives, by whoever. We spend hours and days and weeks with a person trying to figure out if they're going to tell anybody, who they will tell, if they will report, what it would mean if they report. We spend days on end counselling with these people over the phone.

As you said, they won't even give a name until they even figure out what they're going to do. So to say "What should we do, should we make it 24, 48, or 72 hours?" Well, that would help a couple women, but it's really not the issue, that it takes some people a very long time, if ever, to do that.

Chairman **Miller**. Mrs. Boxer?

Mrs. **Boxer**. Thank you, Mr. Chairman. Your outrage that poor women would be discriminated against by setting out this 48 hour/24 hour notification, in order—to get the Medicaid funding for an abortion—whereas a woman, middle class or wealthy doesn't have that—is true in the whole issue of abortion in our country. As I'm sure you know, today abortion is legal, and if you have the money you can exercise that option, that choice. If you don't you can't get Medicaid funding. The Supreme Court actually upheld that.

So this is a very unfair society when it comes to women without the resources to make the same decision another woman can make. It is a complete outrage in this example—picking up where the Chairman left off—it goes even beyond outrage because we are, as he pointed out, putting on these particular women something we don't put on any other victim in society. So not only are they poor, not only are they victimized to the ultimate degree with this crime of violence, but they have all these other requirements that we don't put on anybody else.

I just wanted to say, Ms. Zehner—let me say it right——

Ms. **Zehner**. Zehner.

Mrs. **Boxer** [continuing]. Zehner—that I really appreciated so much your testimony, and I noted to the Chairman that, after 24 years, you still can hardly talk about it.

Ms. **Zehner**. It surprised me, when I was asked to do this, that I sat down to try and write my testimony, and what I noticed was I was out in the yard and I wrote a sentence, and then I had to get up and go work in the garden. Then I wrote two sentences, and I had to go plant another flower. I could not stay with it. It took me days. Not because I didn't remember it, mind you, but because just setting it down on paper was difficult.

Mrs. **Boxer**. Then I noticed as you spoke to us you had to just stop. I would make the point for my colleagues that here is a woman who, with all of her training and all of the education to cope with this circumstance, can hardly talk about it 24 years later, let alone asking someone to talk about it 24 hours later, in minute detail if they're reporting to the police.

Ms. **Zehner**. I gave no detail.

Mrs. **Boxer**. Now to go on to the other things. I want to ask one particular question of Ms. Robinson, and then I want to just sort of summarize and then I'll be through.

In the beginning, you pointed out—you're always so good and you were particularly good, I thought, in describing what this crime is—that rape is like coming into your home and finding your home violated. What I always think of—when I read the Constitution, is that you should be secure in your home.

Ms. **Keyes-Robinson**. That's right.

Mrs. **Boxer**. I think of my body as my home. That analogy, I thought, particularly as a woman, was very interesting. You said that rape is not a sexual crime, but really a violent crime, and you went on to explain that further, graphically.

You said it's a crime of anger and control, a controlling crime. Now, this is practically an impossible question, but I'm interested to have all your answers. If rape isn't a sexual crime in most cases, if it's another kind of crime, a violent crime, then how does pornography fit into the picture? Does pornography fit into the picture?

If it does, explain why and how. If it doesn't in your opinion, are there other things about society that you think might be causing more rape, such as violence, in general, the celebration of violence. Lastly, if those two things don't fit, is it always really——

Chairman MILLER. That's also the subject of another hearing, but—No, no. I'm teasing.

Mrs. BOXER. We'll give a little preview. Is it the profile of the rapist—that is the most important thing here as far as the cause—is it an individual who is sick? I mean, is that the bottom line, or is it the society feeding into it? Pornography feeding into it? Don't go into too much detail because the Chairman's—I'm going off base, here, but I just am too interested not to ask you.

Ms. KEYES-ROBINSON. I think that pornography is a tangential issue when it comes to a rapist. It starts out with a person. It may be that the pornography feeds into the rapist's need to feel some type of control over something. It means that he decides that it's going to be a woman, and a lot of the pornography involves—if you see some of the things that I've seen—women being tied down and beaten and controlled.

Mrs. BOXER. Uh-huh.

Ms. KEYES-ROBINSON. So that all that pornography does is feed into his need to control and to have a power type of relationship over some person.

What I understand, and there are books like "Men Who Rape," by Hazelwood, and other places where they talk about the mentality of a rapist as one who could be any other type of a criminal. In other words, anywhere else that there could be a crime, the rapist, as long as he could attribute power and control, could commit another crime. What often happens is that that is why the psychiatrists tell us you cannot decide to tell a rape victim to fight or not to fight, because for some rapists the fighting is what they're looking for, because they're going to be more powerful and overpower and rape anyway.

Some victim's submission makes them angry because it doesn't give them an opportunity to show their power. So it is in the mind of the rapist. They are sick. I say "sick" in quotes——

Mrs. BOXER. Yes.

Ms. KEYES-ROBINSON [continuing]. In a lay person's version of it as opposed to—I'm not a psychiatrist or physchotherapist. But in terms of their responsibility for their criminal acts, they know what they're doing.

Mrs. BOXER. Thank you. I know what that beeper was about, and I've got to go. So I wanted to summarize and tell you how important this hearing was for those of us here who have been working hard to get Medicaid funding to women who were the victims of rape or incest without reporting requirements.

I've just taken notes on a lot of your testimony. The woman is too scared, too much in shock, afraid of the rapist, too embarrassed, wanting to forget it, she finds herself in an unacceptable situation, an overwhelming situation, she's numbed out, she's a walking wounded, some cases the police themselves hurt the situation more than help, it's hard for her to describe her feelings, they're indescribable, she's dealing with bouts of depression, she feels she can't be treated in a fair manner, she just can't come forward.

In short, it's a person who is completely distraught and falling apart, and to impose on that person this governmental requirement is completely unacceptable. I want to say, as someone who started out in the issue thinking "Well, maybe there's a way we can talk about this and make some type of requirement," I'm here to tell you that after listening to you I will go down fighting on this one because this is a worse humiliation than we dare put on a woman in this tragic situation.

Mr. Chairman, I want to thank you ever so much, and I'm going to run and leave the rest to you.

Chairman MILLER. Thank you. Mr. Sarpalius? Any questions?

Mr. SARPALIUS. Thank you, Mr. Chairman. I want to also commend you for having this hearing on this emotional subject. I want to first ask a question, and I want to commend Wanda Keyes-Robinson for your testimony. It was excellent. All of the testimony was excellent.

The way I see this, it's kind of a catch 22 situation, in that you've got a real problem out here, and I'm curious—you might answer this first—how many of these rapists are repeat offenders? How many of them continually do it?

Ms. KEYES-ROBINSON. All of them.

Mr. SARPALIUS. Okay.

Ms. KEYES-ROBINSON. That I know of.

Mr. SARPALIUS. Are we doing——

Ms. KEYES-ROBINSON. I mean, that I've prosecuted.

Mr. SARPALIUS. Are we——

Chairman MILLER. What's the answer? I'm sorry, I——

Ms. KEYES-ROBINSON. All of them.

Mr. SARPALIUS. All of them.

Ms. KEYES-ROBINSON. All of them will rape again. All of them.

Mr. SARPALIUS. Now, what is the—are doing——

Ms. KEYES-ROBINSON. If given the opportunity, granted.

Mr. SARPALIUS. Is our system doing a very poor job of trying to prevent these people from doing it again, or is our system very poor as far as stiff-enough penalties to create a deterrent, to prevent this person from doing it again?

Ms. KEYES-ROBINSON. The only way that a rapist will not rape is if they receive therapy, and then the therapist will tell you there's no guarantee. The only way we find out if they reoffended—they're not going to run in and say "Doc, you know, I fell off the bandwagon and I raped again." I'm talking about being caught.

The doctors are telling us that with pedophiles—people who abuse kids sexually—that there is no guarantee that they are not going to rape again. So as a prosecutor I'm assuming you are, unless there is therapy and unless you're watched. That's where the problem is. We do not have the funds for adequate therapy and treatment while individuals are incarcerated.

We warehouse them. They are going to get out. The reality is, with the sentences that are imposed, they are going to leave. In

Maryland, a life sentence is 13 to 15 years, then you're eligible for parole, and the governor can sign you off and you get out on a first-degree rape offense. If he rapes more than once, maybe I can have the second sentence run consecutive so I have two life consecutive sentences.

We recently incarcerated a man who is in his thirties, and we were trying to fashion a sentence to make sure he did not get out for a very long time. He was on America's most wanted. That's how much we wanted him. He is serving two life sentences plus 20 years. We estimate that he will be eligible and may get out when he's 65, we hope that that's how long he's incarcerated. But that does not help me when I talk to the community.

So, money for treatment, probably longer sentences. But where are we going to put them? I mean, that is the reality. We're talking about money for more prisons. Treatment is probably the only thing while incarcerated because that's the only place we can make sure they're going and we can make sure that they maintain some semblance of what society ought to be about.

Then, making sure that they're being watched in the community upon release, and I don't mean overburdening probation officers with 150 people to watch and they just realistically cannot do it. I'm talking about seriously being supervised, helping them find jobs that they can live with, helping them survive in the community and continue treatment in the community, becoming respected in the community from the standpoint of self-respect. Those are all elements of having a person who has been convicted of rape and returned to the community not reoffend.

But in our society today that is not a real option. That does not happen, realistically, and if it does, it's on a very rare occasion.

Dr. **Kilpatrick**. I would just like to agree with you and to also say that one reason the rape rates are so high is because the odds are so low that any given rapist is going to get caught, because of nonreporting being a big reason, because of not being apprehended, and then, because of not being convicted.

So I don't really think that penalties affect things as much as we would think because, still for most rape victims, the criminal justice system and whatever penalties it has is really irrelevant to them.

Mr. **Sarpalius**. Let me go a little bit further. It appears this is very similar to problems we're having with alcoholism, drug addiction. You've got a tremendous problem there where a person is affected mentally and they need professional help to correct themselves. Treatment is probably the one area, in my opinion, where we can have the biggest impact dealing with this problem.

Now, you could increase penalties. This happened throughout the country on DWI. Everybody put in mandated penalties. We're going to send them to jail. But when they started concentrating on treatment, then it started having an impact. I think a lot of the public thinks that increased penalties will be a deterrant, we need to really put these people behind bars for a long period of time.

How can we balance stiffer penalties against the rare instances where the story is fabricated and used as a threat by the victim against the alleged perpetrator.

Ms. **Keyes-Robinson**. I don't mean to——

Mr. Sarpalius. But——

Ms. Keyes-Robinson. I would really like to address that.

Mr. Sarpalius. Okay. I want you to. To me, the real answer is getting at that person who really is sick, finding that person, finding appropriate treatment to help them. I'd like to hear your response to both of those.

Ms. Keyes-Robinson. First of all, anyone that rapes has a problem. Period. With regard to whether or not rape is used as a tool, as a threat by the victim, I don't agree with that at all. In Maryland, before July 1 of last year it was not a crime for a spouse to rape his wife. It was not a crime. He could beat her, leave her black and blue and be charged with assault. But if he raped her, it was a defense that they were married.

The legislature argued, "Oh, we cannot make that a law. People will—in custody battles, in divorce battles—they'll come in and claim, "Well, I've got to get a divorce because he was cruel to me. He raped me," months and maybe years after the rape occurred. I head the Sex Offense Unit in Baltimore City and I have not had one case of spousal rape since July 1 of 1989, not in Baltimore City as of yet. Now, maybe one's going to be reported today, but we haven't had one where the wife came in and said "My husband raped me."

We've had some in some of the other outlying counties, and that's only been within the last couple of months that there have been some reports. So the reality is that rape was not used as a tool in that instance as threats. "Give me the house." "Give me the kids or I'll claim that you raped me." Because the victim has to go through the process that we've been talking about, that affects them in such a traumatic way that they're not going to lie.

They have to go through an examination by a strange doctor. A man—maybe a rookie cop or someone who has been on the force for 23 years that's not real sensitive—is going to ask them—if I asked you to go and describe the last sexual encounter you had, that was consensual with your wife or your girlfriend or whoever, you'd have a difficult time telling us all about it. But we're all here about a hearing on rape. We're mostly professionals. We're concerned about the issue. I'm going to ask you to tell me about a consensual act. I'm not going to examine you. I'm not going to ask you to remove all your clothing.

That is what we're talking about when we're talking about a rape victim stepping forward. Now take that same scenario at 2:00 a.m., and there's strange people who could care less about whether she was raped or not. If she's raped, it's not a stranger, it's a friend or acquaintance, that person's sick. That person has a problem because they're using power and control.

Mr. Sarpalius. But that woman, as we heard today, it is difficult for her to come forward.

Ms. Keyes-Robinson. That's right.

Mr. Sarpalius. Okay. If she knew that if she came forward that, her name wouldn't be exposed. She's probably embarrassed about the situation, she feels hurt, and there are a lot of emotional factors that prevent her from doing that. Despite the fact she probably knows this individual.

But if there was a way where she could come forward and know that person who raped her was going to get treatment, and she felt confident that she was protected, if we had a system like that, wouldn't that work?

Ms. **KEYES-ROBINSON**. I only wish we did.

Mr. **SARPALIUS**. Do you think that's the answer?

Ms. **KEYES-ROBINSON**. I wish I could guarantee to a rape victim that they would be safe. I wish I could tell them that if you come forward and tell me what happened, then I'll make sure he'll never do it again. He'll be incarcerated.

I had a rape victim scream rape in a hallway. A man in her building called the police. The police arrived. Two officers pulled the rapist off and arrested him on the spot, in the act. The jury said not guilty. That is a real case in Baltimore. Said not guilty. When asked why—well, he looked so nice. He came in in a suit and tie, had a real fine lawyer, and we couldn't convict him for the likes of her. That's what they said. It's not the real world that I can guarantee her anything.

Mr. **SARPALIUS**. Okay. Put yourself in our position as Members of Congress. We want to help. We want to do something. What do you think we ought to do?

Ms. **KEYES-ROBINSON**. I think you ought to allow Medicaid to cover—or Medicaid/Medicare—cover rape for anyone who fits the category for receiving that aid with no reporting requirements.

Mr. **SARPALIUS**. Now, that'll help the victim.

Ms. **KEYES-ROBINSON**. Yes.

Mr. **SARPALIUS**. Okay. What——

Ms. **KEYES-ROBINSON**. Because I can't guarantee that if she reports—even if she reports—even if she reports and she's pregnant, I can't still guarantee that there's going to be a conviction.

Mr. **SARPALIUS**. What about the criminal?

Ms. **KEYES-ROBINSON**. I'm hoping that I'm going to do my job. She's going to come forward. Then I'm going to be able to educate that jury and convince them beyond a reasonable doubt and to a moral certainty that he's guilty and he'll go to jail. Hopefully, I will have also convinced the Maryland legislature for some money for treatment so while he's in jail he'll get therapy so when he gets out he won't do it again. That's ideal.

Mr. **SARPALIUS**. Thank you.

Chairman **MILLER**. Mr. Holloway?

Mr. **HOLLOWAY**. Well, Mr. Chairman, I want to first of all start out by saying I think it's quite unfair that we have two hearings here in one. I am very strongly supportive of very—99 percent of what we're talking about on behalf of the victims of rape and incest, but it's a totally different issue when we bring in the abortion issue.

To me, we should have a hearing—and I would challenge you and ask you if you would—that we should have a hearing in this committee on the effects of abortion—rape and abortion—and whether we should do the funding. That should be totally, in my opinion, a case of another hearing because I feel quite different on the two issues.

Let me start out by saying, number one, I think as a country we've become too soft and we've become too soft on the rights of victims. I speak of rape victims, particularly, because in the case of violent rapes, and from—and I'll ask the question as I go on, here, trying to take in and train or trying to do something for rapists, from what I hear here there's no solving the problem.

I personally favor the death penalty in the case of violent rapes. I favor the right of the woman. I feel like she has a total right to her body, and when some—undoubtedly a continued offender—crosses those sacred grounds, I say that it is a fact that it goes to point.

Now, of course, again, we go back to a lot of—I think all rapes in this case probably would be violent. But yet, there are so many that actually abuse and abuse and abuse, and I think you'd have to—that's up to the laws to decide that. But I think there is so much difference here, I can never support Mrs. Boxer's amendment. I will never support her amendment, but yet I think we should hear that expressed at a different hearing as to whether we should pay for abortions with federal tax dollars.

I oppose them. I oppose my tax dollars being spent for abortions. I believe that we have two lives here involved, and I think we have to look at the right of that unborn as well as we look at the right of the one who has been raped or the one who is pregnant under whatever circumstances—a poor lady who doesn't have the money for an abortion. But I think that's two issues.

I've come to this hearing thinking that we were having a hearing totally on rape and incest and the trauma of it was individuals, and I wish we had restricted it and kept it to that point and then come back for another hearing on the point of rape and abortion or abortion and taxpayers' dollars—Medicare, whatever.

To say that's enough, and to say—I feel very strongly that if these people cannot be helped and if their lives do not change, if they're going to perform the act again, if they're going to rape again, we have to fund the money that we put them away and keep them put away. But I do believe that I stand strongly for the woman and her right and against the rights of a person who are going to abuse those rights over and over and over again and threaten.

I want to ask a question of, first of all, Ms. Robinson, to say as a prosecutor, it looks to me like—and I'm only speaking from a standpoint—I realize there's going to be times when people are not going to come forward, but when we make the law to where they—you know, at any time, I would think it'd benefit you as much as we can if we would have a law that they would have to report in 48 hours, or a law that would require that someone report.

I realize there—and there's exception to every rule. I saw figures just this week with the Louisiana legislature and their abortion bill that 15,000 and something abortions took place in Louisiana in 1987. One was from rape and incest. One out of 15,000. Now, I am as worried about the rights of these unborn as I am with the rights there, but my question to you is this: as a prosecutor, would it not be helpful to you to have people coming forward in 48 hours?

Ms. KEYES-ROBINSON. Absolutely. It's always helpful to know about a crime as soon as it happens for collection of evidence issues. There's no reason that I wouldn't want to know as soon as it happens.

Mr. HOLLOWAY. We have taxpayers' dollars involved. Do you feel like taxpayers have any rights—I mean, I can come forward at 6 months later—of course, it'd have to be within a 20-week period or whatever—by law to have the abortion performed and say that I was raped. Or if we pass a law that makes an exception for rape and incest——

Ms. KEYES-ROBINSON. I don't——

Mr. HOLLOWAY [continuing]. That would say——

Ms. KEYES-ROBINSON. I don't prosecute every case where a woman comes in and says she's been raped.

Mr. HOLLOWAY. I realize that. I realize you probably can't.

Ms. KEYES-ROBINSON. I'm an investigative—no, it's not that I can't. I'm in an investigative unit, and I take very seriously my responsibility that when I receive a report of rape that I investigate the matter. I think that one of the issues that you have to consider is that that's exactly what we do. We investigate what individuals say has happened to them. Now you're suggesting that people are going to lie, and I can't, certainly, be responsible for individuals who are going to come forward and lie and say that they've been raped, just like individuals who come forward and claim someone has raped them for the purposes of prosecuting.

However, considering what a rape victim has to go through, we do not find a large percentage of false reports. We find, in fact, a large percentage of individuals who are, in fact, telling us the truth. When we tell them we cannot prosecute, it has to do with our inability to convince a jury beyond a reasonable doubt. So in terms of my feeling about whether that 48 hours would help us, it won't have any affect on me. The statute you're talking about would have an effect on whether or not—if that person ended up being pregnant as a result of that rape and was poor and could not afford an abortion——

Mr. HOLLOWAY. But if she did come forward, there may be many, many more people raped over this period of time that we're waiting for her to come forward to you. I mean, I'm saying that—and I realize that you've got to have a good case to go to a grand jury. I'm not even arguing that. I know that you have the case that you can present and, hopefully, you can win. I know we turn many people out on the streets that are guilty as they can be, but we don't have a case that we think we can win.

But through this waiting period of time, and if this guy's a continued offender, which we've said they all are, it looks to me like that through the period of time that we're waiting for this that we're allowing other people to be raped out there, knowing that all of them aren't going to come forward. But, yet, we're looking at the masses and we're looking at some that we can protect, maybe, by requiring them to come forward.

Ms. KEYES-ROBINSON. So you're suggesting that for those people that are poor, they'd have to report within 48 hours in order to benefit the statute, but those that are individuals that are older or more well off and can afford private therapy until they're at a point when they feel comfortable don't have to worry about whether or not they can afford an abortion? Those individuals—those can take their time, and when they have courage and support and family support, they can come forward.

Mr. **Holloway**. Ma'am, we're not addressing federal taxpayers' dollars with them so I can't argue that issue. I would think they should all be required to come forward, but if you don't have—if you don't have dollars and cents involved in this country, we realize that a lot of times it's not going to happen. We're talking about federal taxpayer dollars and whether they come forward or not. We're not talking about the person who is not going to use those federal taxpayer dollars. So you can't put the two of them together.

Ms. **Keyes-Robinson**. Well, you can put them together. You don't agree with me, and——

Mr. **Holloway**. You can't——

Ms. **Keyes-Robinson** [continuing]. I understand that.

Mr. **Holloway**. You can't with what you're arguing, to say that we're using taxpayer dollars to report within 48 hours. You're saying we put them all together whether they do or don't. I'd love to have them all report within 48 hours if we could, but we don't have any grounds to hold on the others to say that we're going to use so it's not an issue to be put together.

Ms. **Keyes-Robinson**. I would have a problem requiring them to report within 48 hours.

Mr. **Holloway**. Well, I realize that from your testimony.

Ms. **Keyes-Robinson**. Because the reality is that people do, in fact, rape over time, and those individuals who have been raped over years are just as responsible for having that first rape as the last. That individual, when I charge, I don't just charge the last time he violated the woman, I charge for all the years.

We don't have a statute of limitations on a rape in Maryland, and I'm glad we do not, because whenever that rape victim can come forward years later we still can prosecute.

Mr. **Holloway**. I have no problem with that. I would agree with you totally, and I think we should prosecute every one that we can possibly prosecute, and from your hearing and what I hear today I think we should put them away for good because they're going to come forward back on the streets and do the same thing over.

Let me move over to Ms. Dale. You made a question, and I don't really know what Pennsylvania pays for victims of—would you—did you iterate on that in your testimony? You brought up the question of a rape victim on a 48 hour or on the issue of being compensated?

Ms. **Dale**. On victim compensation?

Mr. **Holloway**. Yes.

Ms. **Dale**. Yes. Victim compensation in Pennsylvania will pay for any victim of crime's medical expenses—the examination in a hospital, for example—or subsequent treatment by a psychologist or a psychiatrist. However, there is one thing that I think Ms. Burnley didn't address, and I'm not sure about all of the states. In Pennsylvania for rape victims there still is $100 deductible so that, in other words, if her medical expenses do not reach $100, she is not reimbursed at all from victim compensation.

Mr. **Holloway**. That is just strictly for the victim of the rape? That has nothing to do with the abortion? This is just strictly a right of the victim? This money is paid just strictly for the examination to have evidence of whether they were raped or not?

Ms. **Dale**. It can pay for that. It can pay for any medical expenses resulting from physical trauma or any treatment—psychological treatment—made necessary because of the crime.

Mr. **Holloway**. Yes. I think that's what this hearing should be about. I think that is the whole issue before us. But since the issue has been brought up, I have to ask you, do any of you have any feeling or support for the live of this unborn, the fetus that this person's carrying, or are all of you to the opinion that this is not life or this person does not represent a life, or—I mean, I would just ask your opinion. Undoubtedly, we've spoken totally of one being, and to me there's two beings involved here.

Dr. **Kilpatrick**. I think that there's perhaps a solution—although you're raising issues that obviously are very heated, one of these things that people disagree about on religious and philosophical bases, so I have a hard time——

Mr. **Holloway**. But this came up in this hearing. Otherwise I wouldn't even address it.

Chairman **Miller**. If the gentleman will yield, that's the purpose of this hearing because of the central question here is we were confronted last year and we will be confronted again this year on whether or not people should lose their rights——

Mr. **Holloway**. I thought——

Chairman **Miller** [continuing]. Because they were raped.

Mr. **Holloway**. I thought it was the rights of the victim that the hearing was about, and I didn't realize or I would have tried to have been here earlier because of my feelings on this, but——

Chairman **Miller**. This is about a right——

Mr. **Holloway** [continuing]. That was not my understanding——

Chairman **Miller**. This is about the right of a victim.

Mr. **Holloway**. Yes, sir.

Chairman **Miller**. Will a victim lose that right?

Mr. **Holloway**. Is the unborn a victim? That's my problem. That's my question for this panel here.

Chairman **Miller**. That's a different hearing. That's a different hearing.

Mr. **Holloway**. Are we going to have a hearing on that?

Chairman **Miller**. I don't know.

Mr. **Holloway**. Well, I would request at this point that we have a hearing on that. I think if we're going to try to move off of it and say that that is a different subject, a different hearing, I would request from my standpoint that we have a hearing on that.

Undoubtedly, our panelists here—only I think our witness here is the only one that responded at the question so I would very much like to see that we bring some professional witnesses in and have a hearing along that line and see if we can weed out where the rights and what does fall, there.

Dr. **Kilpatrick**. If I might respond to your question, in South Carolina our crime victim's compensation statute actually has two parts, one of which is that state funding exists for doing rape evidentiary exams for all victims, whether or not they report to police. The reasoning for that was that basically it is to everybody's benefit to gather some evidence. If somebody does not come forward, well then, obviously, there is no medical evidence, as you mentioned before. However, the evidentiary exam is not dependent upon having to report a rape to law enforcement.

Now, in terms of the general compensation statutes for other types of medical injuries and psychological injuries, a police report is required for all types of crime. So for that portion of compensations, rape victims are not discriminated against more than other types of crime victims who do not report crimes to police.

One of the parts of some medical examinations is prophylaxis for pregnancy. I'm probably stepping into an issue that I'm going to wish I didn't, but one alternative might be to make them available in most states having an examination. Any evidence could be collected, not requiring reporting, and then perhaps pregnancy prophylaxis could be provided, which then avoids the issue of abortion down the line one way or another.

I would just say that, having worked with some rape victims who have had abortions, some who have had the babies of their rapists, that that is a very, very difficult situation for the woman to have a constant reminder of the rape the rest of their life. I think abortion is an issue that is just very controversial and that there are—from my point of view—no easy answers to. It just is compounded when the reason for it is a violent rape.

Ms. Dale. I'd like to just respond for a moment. In our program, one of the cornerstones of our program, our counselling program, is for the victim to take control back. That's what, essentially, she has lost in this experience, and so we are, quite frankly, an organization that advises victims of all of their options should they become pregnant as a result of the rape.

I think Dean alluded to something, and that is the fact that there is pregnancy prophylaxis available, however, that must be administered within 72 hours of the assault and, at least in our community at this point, that—our hospitals are very careful about giving that medication to women because it has been shown to cause birth defects. A high dose of a synthetic estrogen is not really safe so that that certainly is not a total answer to this problem.

I'd like to just mention one thing further. At this present time—I don't know what the answer to this is. My preference—our position in our agency is that this is the victim's choice to make. But I will tell you about three cases that we have now in our agency involving women who have children as a result of a rape. One is a child who is now five years old. The mother has come to us to deal with her own assault, but also because she is physically—severely physically abusing the child because the child looks exactly like the rapist.

Another case, just in the last month, is a 13-year-old little girl who has a baby. Her family are all on welfare. She has little capacity to take care of this child, and a dim future to look forward to raising a child as a product of rape.

A third case is involving a 1-year-old baby. The woman is the victim of an acquaintance rape. The rapist knew that she became pregnant, and the rapist has now petitioned the court for custody of this child.

Mr. Holloway. Well, I——

Ms. Dale. So, I think that these are very serious issues, and I'm not certain that we can have a public policy that forces women to have these children against their will.

Mr. Holloway. Well, I'm willing to say that—your testimony there tells us there's more than one victim involved. We're looking at the children that are victims, we're looking at the unborn that's a victim, we're looking at a mother that's a victim, and I think that this could lead—I wish we had a solution. I wish the Chairman had a solution, I had a solution. I wish that someone here could tell us a solution. I know Mr. Sarpalius tried to lead to the solution to it.

It's tough, as most of our social problems are today, are tough. We've got a morality in our country that has gone totally the other direction and it's going the other direction quickly. I think that if we don't make a stand somewhere in this country—I don't know if we'd bring it back, but I just have to say that I hope that we will continue hearings along this line.

I hope that we will have hearings for the child who is born to a rape victim, to the unborn who is murdered—to the rape victim, to the mother. I think it's a good hearing, and I appreciate very much the panel that's here and your testimony for us. Thank you.

Chairman **Miller.** Well, when we make that stand to bring out the morality of the country, let's just make sure we're not doing it on the backs of poor women. Mr. Sarpalius?

Mr. Holloway. We'll do it on everyone's back.

Chairman **Miller.** Mr. Sarpalius?

Mr. Sarpalius. We are trying to find solutions and this is a very emotional problem that affects a lot of different areas that we've hit on this morning.

One of them that I see a tremendous amount of concern with is how can we get this victim to come forward as quickly as possible where you can gather the evidence to convict that person. Then you deal with the problem of trying to help the victim emotionally with her problems, her concerns, and you deal with the problem of the criminal, what can we do to rehabilitate them.

But to me one of the keys is getting that victim to come forward as quick as possible. I can imagine that the emotional stress that she must be going through and the fear that this person will come in and do it again would be tremendous.

Now, what can we do? What can we do to get her to come forward?

Ms. Zehner. You'd have to change the whole way everything is set up. We're talking about police who, if they don't brutalize, embarrass, humiliate and scare her. We're talking about a woman going through several interviews before she ever gets into the courtroom. We're talking about a woman getting into a courtroom and being cross-examined by someone who is trying to make her story sound as if it doesn't hold any water.

Mr. Sarpalius. Okay.

Ms. Zehner. I mean——

Mr. Sarpalius. Okay, you're talking about the fear of the woman who is going to be exposed to all of that.

Ms. Zehner. Which, if she reports, will happen.

Mr. **Sarpalius**. Right. Okay, now what can we do to take away that fear?

Ms. **Keyes-Robinson**. I think you can educate, and I say—everybody says "educate, educate." But I think that one of the reasons you're noticing an increase in reporting by rape victims, and I attribute it, at least in Baltimore City, to the number of advocacy groups and educating that we do. Last year, every week of the year, the Sexual Assault Recovery Center and my unit went and educated at the police academy. Every police officer in the city went to in-service training last year. So that meant if they went that day and didn't call in sick I saw every police officer in Baltimore City at a training where we talked about what you do when you respond to a call for rape.

In Baltimore City we have what we call vertical prosecution. There is a prosecutor in my unit on call 24 hours a day. It means that if there's a call from a hospital that there is a prosecutor who can handle the call, and that that same prosecutor, by our duty roster, gets the case. So that it helps the rape victim in terms of knowing that there's a real body—a real person—who will have that case.

If the officer doesn't know how to handle the rape victim, our Sexual Assault Recovery Center is on call 24 hours, and they will send an advocate to the hospital at 2:00 and 3:00 a.m. to hold the hand of the victim, to help with that. We've set that up in Baltimore City for that very reason, to try to make things a little more comfortable, if it could be made comfortable for the rape victim.

We take their clothing. We take their lingerie, their underwear, for evidence. Well, they don't know that when they arrive at the hospital, to bring an extra set of clothes. So the advocacy groups bring the clothing because they know that we're going to remove theirs. So those are the kinds of things that we've tried to do, and, to be honest with you, some of this is federal funds for programs to help rape victims for training and police departments, and through justice, through victim assistance organizations, for——

Mr. **Sarpalius**. Okay.

Ms. **Keyes-Robinson**. You asked what we can do to help.

Mr. **Sarpalius**. Yes.

Ms. **Keyes-Robinson**. That's what you can do to help.

Mr. **Sarpalius**. Okay. You're talking about that woman, though——

Ms. **Keyes-Robinson**. Who has reported.

Mr. **Sarpalius** [continuing]. Who has reported. Now, what about those women that won't report it? What about that child whose stepfather is molesting her? What about those situations where you have a woman out there who is scared to death of coming forward? How do you get them to come forward?

Ms. **Keyes-Robinson**. The only thing I can say is we're trying to make it more comfortable so that the word goes out——

Mr. **Sarpalius**. So it's education?

Ms. **Zehner**. Yes.

Ms. **Keyes-Robinson** [continuing]. That people are more responsive, that there are people who will go with you and hold your hand, that there are prosecutors who know how to interview a rape victim. It is a myth that only women can prosecute rape cases.

Some rape victims need a male prosecutor. That's who they talk to easier. So those are the kinds of things that we're trying to do to educate in hopes that the victim when raped will not feel the stereotype. But that has not been eradicated in our community.

Ms. **Zehner**. You're also talking about education in the schools——

Ms. **Keyes-Robinson**. That's right.

Ms. **Zehner** [continuing]. So children begin to know that when someone is touching them in sexual ways, in ways that they are very confused about, that they have some idea that it's not okay and that there's someone they could tell, but that takes a lot of education and a very long time.

Mr. **Sarpalius**. So I get the feeling that your opinion is education is probably the best step that we could take towards getting that woman to come forward if she ever does have that experience?

Ms. **Keyes-Robinson**. Educating and actually providing monies so that there's a real——

Mr. **Sarpalius**. Yeah, I understand.

Ms. **Keyes-Robinson** [continuing]. There's a real support mechanism. You can tell someone it'll be okay, and then you get them in the system and they're lost.

Ms. **Dale**. If I can just add, I also believe that we need to have more support for locally based, community based programs to work with these victims because these are the programs that get the nonreporting victims, and these are the programs that, if they're adequately funded, can assist the victim to get to the point where she can report the case. As I mentioned in my testimony, a large percentage of our reporting victims are initially reluctant to report, and then decide to.

Dr. **Kilpatrick**. I would just reiterate the education, and not only just say in general education ought to happen, but to basically make sure that things are set up so that it actually happens.

The most important education is probably not only of people within and without the criminal justice system but of the general population, including children and adolescents and adults. Because until it gets to the point where people really think that any time somebody uses force or threat of force to make you do something sexually you don't want to do, it doesn't matter who they are and what their relationship to you is, that that's a crime and that, actually, authorities ought to be notified about it if only to protect other and future victims along the line, I don't think you will ever make a significant dent on this problem.

Chairman **Miller**. But the education, if I might, to follow up on Congressman Sarpalius' point, the education, it seems to me, would have to end with the notion that if you do this there's going to be a user-friendly system there, and the fact is that in most jurisdictions—the person that ventures out there and goes and tries it and comes back and says they're crazy.

You may have a duty to report and an obligation—this works and this is how we stop repeat rapes—but no way do you want to enter that system. So it seems to me that if the law enforcement community and people who keep condemning this crime say they're so much against it, it would seem to me that you would have to put in place a system that accommodates the nonreporters because at very best, if the statistics are right, we're talking about one in ten your chances of a winnable, prosecutable case and all that. So pretty soon we're down to a handful of people in this country that run the risk of being identified, captured, and prosecuted, and put away for some period of time.

So the system seems to me—I wish Ms. Burnley was here—it seems to me that they ought to be looking at this the other way. How do you deal with the psychology and—you know, the formal term, the rape trauma syndrome—how do you deal with that so that we can get those people in the system?

But while we're figuring that out—and maybe you all know the answer to that—we've also got to put in the front end and place a system that says, we'll stick with you; we'll stick with you in this system. That we are going to provide the kind of services that you require. But, again——

Ms. KEYES-ROBINSON. It's not in every city.

Chairman MILLER. It's not in most cities.

Ms. KEYES-ROBINSON. We're lucky, believe me.

Chairman MILLER. Forget most cities. You're the largest city in the state, okay? But it's not in many of the other cities. It just doesn't work in those areas.

Ms. KEYES-ROBINSON. Even in my city where it works, where we have a system, we have people—I do training at the Sexual Assault Recovery Center and they've got women calling that won't report. I can pick up a phone when a victim comes in my office for an interview and get her someone who will go with her to therapy, who will sit in a courtroom and hold her hand, who will take her to lunch when we take a break in the courtroom, and who can actually make sure that she's picked up in the morning. But I still have nonreporting victims in my jurisdiction.

Chairman MILLER. Who walk out of your office and say, no way.

Ms. KEYES-ROBINSON. Or sit in my office and say, you want to prosecute this, I won't be there. I'm going to my mother's. Well where does your mother live? I'm not telling you.

I mean, that's the reality.

Chairman MILLER. Yes. Well, any further questions?

[No audible response.]

Let me thank you, very much because I think that your testimony has been terribly helpful in terms of building a record because, again, this is one where the Congress comes waltzing into people's lives and sets down some arbitrary guidelines, barriers, or obstacles, and then suggests that that reflects the real world and that people will comply with that because we say so.

I think that as we tried to show, and in fact were able to change some of the debate on the floor last year, that just isn't so. The more Members of Congress start to understand that, maybe the less likely they'll be to be so cavalier in entering people's lives who have suffered this kind of trauma and now insulting them in the name of the federal government. So thank you, very much, for your time.

Ms. Dale, we didn't give you a full chance on your recommendations but, clearly, we want to make those part of the record on behalf of the network and your organization. Thank you so very much.

Ms. Dale. Thank you.

[Whereupon, at 12:35 p.m., the select committee was adjourned.]

[Material submitted for inclusion for the record follows:]

June 29, 1990

Congressman George Miller
2228 Rayburn Building
Washington, D.C. 20515

RE: SELECT COMMITTEE TO FOCUS ON VICTIMS OF RAPE

Dear Congressman Miller:

Your news letter was received on June 29, 1990. I would like to share with you and the House Select Committee on Children, Youth and Families, my own personal experience of 18 years ago. If at all possible, I would like my comments read into the record.

First of all, I was raped by a someone I knew. Someone my family trusted. As a result of this rape I became pregnant.

I did not tell my husband, my friends, or anyone else about the rape. I did not call the police, I did not go to see my doctor, I did not (at that time) feel that I had any options open to me.

In someways I was a double victim. I was fearful of the man who had raped me but even more afraid of what would happen if I told my husband about the incident. You see, my husband was a policeman in San Francisco and I knew from overhearing conversations between him and some of his law enforcement friends that women who got raped must have been asking for it. There was the fear that he would blame me, or worse, shoot the man and then he himself would end up in jail.

I got rid of the clothes I was wearing at the time - I never wanted to see them again or wear them next to my skin. I took a bath and soaked for what seemed hours - trying to rid myself of him, trying to get clean.

I had been recovering from a car accident at the time of the rape, so my family and friends thought that my physical problems were the result of the accident. It was easier to let them believe that than to tell them the truth.

I missed my period. I thought it might be because of the stress I was under. When I missed my second period I went to the Planned Parenthood office in Walnut Creek. They ran tests and confirmed that I was indeed pregnant. I will always be grateful that they were there for me.

What happens afterwards? How long does it take to get over?

I don't know how long it takes. After 18 years I'm still suffering. I can't watch a movie that has violent sex or rape scenes in it. I become physically upset. My heartbeat increases and I become uncomfortable. I must leave the room.

I am uncomfortable when a man compliments me on my appearance etc. There's always a little fear that there's a hidden message in the compliment.

Over the years I had put some weight on and I tried to take it off because of high blood pressure. In fact my doctor encouraged me to do so. And in these health conscious times I've tried very hard to improve my health.

I lost 10 pounds and then started to loose sleep, become agitated and restless. The more people encouraged and complimented me, the more distressed I became. Then one day out of the blue the reason for my distress became apparent - I was afraid of looking attractive - I might become a rape victim again.

After 10 years I was still a victim of a crime that happened years ago. If I didn't lose weight I might cut years from my life. If I did lose weight I would have to learn to deal with my memories and emotions.

Summation:

18 years ago I was a 32 year old woman who was raped by someone I knew. I survived the physical ordeal and have, over the years, learned to heal myself emotionally. I can reflect on the past and am comfortable enough now to talk about the experience.

Times have changed. Women are more aware of support groups available to them. If I were raped now, at 50 years of age, I would like to know that the decision to have an abortion is still between me and my doctor.

Men have a tendency to think that it's only young girls that get raped and pregnant, that's another myth that seems to prevail and needs to be dispelled.

I'm glad this is an issue that is being seriously discussed. Hopefully, some good will come out of your meeting.

Sincerely,

Barbara Herendeen

Barbara Herendeen

MATERIALS SUBMITTED BY LAURA X, NATIONAL CLEARINGHOUSE ON MARITAL AND DATE RAPE, BERKELEY, CA

JULY 12, 1990.

DEAR MAY, Please keep the record open for a typed cover letter for the enclosed important documents about a much neglected form of sexual assault. I will do my best to contact Diana Russell to have her send you whatever she would like to say for the record. I will also update some information which was behind in the testimonies given. Most particularly the enclosed chart shows quite a different figure from the NOVA figure in Dean Kirkpatrick's otherwise excellent presentation. The exemption has been completely removed in 17 States, but it has been partially removed in 27 more, totalling 44 States where marital rape is a crime in some or all circumstances. Thank you for your important hearing.

Sincerely,

LAURA X.

cc: Diana Russell, Dean Kirkpatrick, NOVA.

STATE LAW CHART

MORE THAN 1 IN EVERY 7 WOMEN WHO HAVE EVER
BEEN MARRIED HAVE BEEN RAPED IN MARRIAGE!#

#Diana Russell, Rape in Marriage, Updated, Indiana University Press, 1990

In the states directly below, a wife has the right to control her own body, and to make her own decisions about sexual access. Her ability to say "NO" makes her "YES" choice real. Marital Rape is a crime; a husband may be prosecuted for a rape committed on his wife when he was living with her. In some of these states, although the degree of additional violence used may be an issue for prosecution, her relationship to him is not (those states have no asterisk).

*ALABAMA
*ALASKA
ARIZONA
*ARKANSAS
CALIFORNIA
*COLORADO
CONNECTICUT
DELAWARE
*FLORIDA
*GEORGIA
HAWAII
IDAHO
ILLINOIS
*INDIANA
IOWA
KANSAS
KENTUCKY
LOUISIANA
*MAINE
MARYLAND
*MASSACHUSETTS
MICHIGAN
MINNESOTA
MISSISSIPPI
MONTANA
*NEBRASKA
NEVADA
NEW HAMPSHIRE
*NEW JERSEY
*NEW YORK
*NORTH DAKOTA
OHIO
*OREGON
PENNSYLVANIA
RHODE ISLAND
*SOUTH DAKOTA
TENNESSEE
TEXAS
*VERMONT
VIRGINIA
WASHINGTON
WEST VIRGINIA
*WISCONSIN
WYOMING
*(DISTRICT OF COLUMBIA)
*FEDERAL LANDS - In any state (Federal Crime)

In the states directly below, a wife does not have the right to consent, to say "YES" or "NO", to control her own body unless others (e.g. a court or society in general) give her permission. Marital Rape is not a crime. New definition of "not married" makes possible prosecution only when they live apart, or have filed for divorce, or have an order of protection, or have a court ordered legal separation. The 17th Cent. legal definition of "married" (a wife gives up her right to consent) is thus reinforced in these states. He has "free" rapes until she takes action; the burden is on her to risk her life by leaving, instead of the state for removing him, due to his acts!

MISSOURI
NEW MEXICO
NORTH CAROLINA
OKLAHOMA
SOUTH CAROLINA
UTAH

---

*In these places husbands have NO EXEMPTION from prosecution.
Every woman has full and equal protection.

NATIONAL CLEARINGHOUSE ON MARITAL & DATE RAPE
2325 Oak St.
Berkeley, CA 95708
(415)524-1582

July 1990

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PROSECUTION STATISTICS RE: HUSBANDS WHO HAVE RAPED THEIR WIVES SINCE FALL 1978 AFTER OREGON RIDEOUT TRIAL*

*Acquittal, First Man Charged With A Rape Committed On His Wife While Living With Her

	Arrests for Spousal Rape	Cases Pending or Result Undetermined	Cases Dropped or Dismissed of All Charges	Convictions (Including Greater/Lesser Charges)	Acquittals	Percent of Convictions (of Completed Cases)
SEPARATED						
California	63	4	18	40	1	98%
Rest of U.S.	99 (41)**	28 (15)**	19 (8)**	40 (15)**	9 (4)**	82% (79%)**
TOTAL	162	32	37	80	10	89%
TOGETHER						
California	22	1	6	12	3	80%
Rest of U.S.	26	8	5	12	1	92%
TOTAL	48	9	11	24	4	86%
Total California	85	5	24	52	4	93%
Rest of U.S.	125	36	24	52	10	84%
TOTAL	210	44	48	104	14	88%

** Numbers of cases for states where marital rape not a crime; i.e. where there is an exemption for prosecution if the couple is living together at the time of the rape, and husbands living apart must be considered "not married" in order to be prosecuted. These laws are not only insulting, but are not being used and must be repealed. There were few prosecutable cases if the rape happened while "living apart" or if divorce filed, or restraining order issued, previous to Fall 1978, but we only included Smith in New Jersey because of its significance; its prosecution went to New Jersey Supreme Court but Smith was acquitted later.

If separate or living together status is unknown we assume the couple is separated.

49.5% of total arrests result in convictions
50.0% of "living together" arrests result in convictions
49.4% of separated arrests result in convictons

Due to the number of uncompleted cases however, (for example, four wives were killed by their husbands and therefore were not able to testify) a fairer figure by which to judge cases involving marital rape would be the percent of convictions out of cases completed prosecutions as in the cases above.

****

© NATIONAL CLEARINGHOUSE ON MARITAL RAPE, 2325 Oak Street, Berkeley, CA 94708 NCOMR, a non-funded, non-profit membership project of the Women's History Research Center ($15.00 for individuals and $30.00 for groups) seeking responsible people to take over compilation of this increasingly available prosecution data. Please contact Laura X, Executive Director, with leads. PRICE: $2.00

June 1, 1985

CLYDE C. HOLLOWAY
8TH DISTRICT, LOUISIANA

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July 12, 1990

Chairman George Miller
2228 Rayburn House Office Bldg.
U.S. House of Representatives
Washington, D.C. 20515

Dear George:

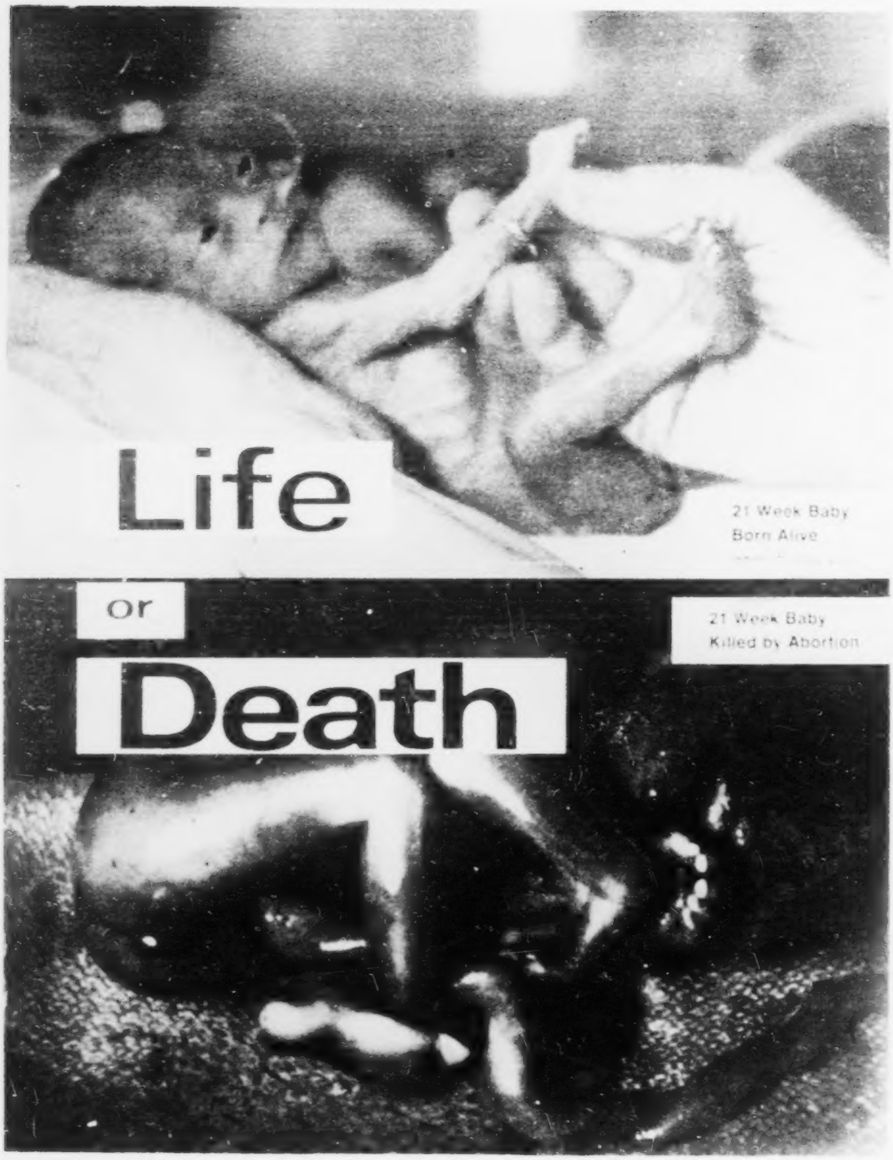
Because the "Victims of Rape" hearing stimulated a discussion on the abortion issue, I think it is important that Members be completely informed and understand what happens in every abortion. The following photos graphically show what abortion is: the taking of unborn human life. I respectfully ask that these photos be made part of the permanent hearing record.

With best regards, I am

Sincerely,

Clyde C Holloway

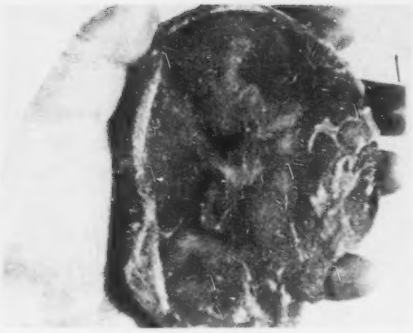
Clyde C. Holloway
Member of Congress


Life
21 Week Baby
Born Alive
or
21 Week Baby
Killed by Abortion
Death

Baby Born at 4½ Months

Marcus Richardson was born 1-1-72 in Cincinnati, Ohio, 19 weeks and 6 days after the first day of his mother's last menstrual period (18 weeks after conception). A pregnancy normally totals 40 weeks. He is pictured here 9 weeks after birth, a perfectly normal child.

Some states use "viability" or ability to survive outside the womb as a measurement of the humanity of the unborn. Thirty years ago, however, "viability" was about 30 weeks. Now it is as early as 20 weeks. In 20 more years it may be at 10 or 12 weeks. What is changing is the increasing sophistication of our external life support systems. The babies are the same. Therefore, "viability" cannot be used to judge the baby's humanity. Rather it measures the skill and equipment of the doctors, nurses, and hospital in which the baby is born.



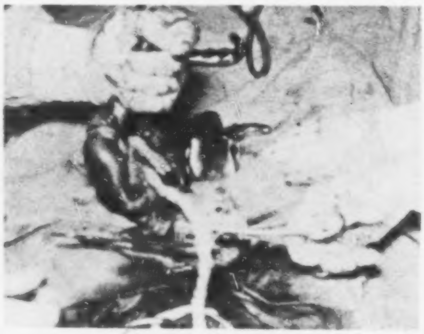
Eleven to Twelve Weeks (3 Months)

At this stage all organ systems are functional. He breathes, swallows, digests, and urinates. He is very sensitive to pain, recoiling from pinprick and noise, and seeks a position of comfort when disturbed. Soon he will sleep and wake with his mother. If his amniotic fluid is sweetened, he will swallow more often; if it is made sour he will quit swallowing.

He can be taught by sound signals to anticipate and recoil from a pain stimulus, but no two little ones will respond the same; they are already individuals. At this stage Arnold Gesel has said, "The organization of his psychosomatic self is well underway."

After this time nothing new will develop or function, only further growth and maturation.

Note, he is sucking his thumb. Ultrasound movies have shown thumb sucking at eight weeks.



Caesarean Section Abortion (Hysterotomy)

This method is exactly like a C-section until after the cord is cut. In a Caesarean Section, the baby's phlegm is sucked out, and she is taken to the intensive care, newborn nursery where everything is done to care for her.

The baby in this picture weighing two pounds (a 24 week pregnancy) was to be aborted. She was cut free, dropped in a bucket, and left to die. At this age they all move, breathe and some will even cry.

By Dr. & Mrs. J.C. Willke

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Salt Poisoning Abortion at 19 Weeks (4½ Months)

This method is done after 16 weeks when enough fluid has accumulated in the baby's bag of waters. A long needle is inserted through the mother's abdomen into the baby's sac and a solution of concentrated salt is injected into it. The baby breathes in and swallows the salt and is poisoned by it. The outer layer of skin is burned off by its corrosive effect. It takes over an hour to slowly kill a baby by this method. The mother will then go into labor about 24 hours later and deliver the "Product of Pregnancy" above.

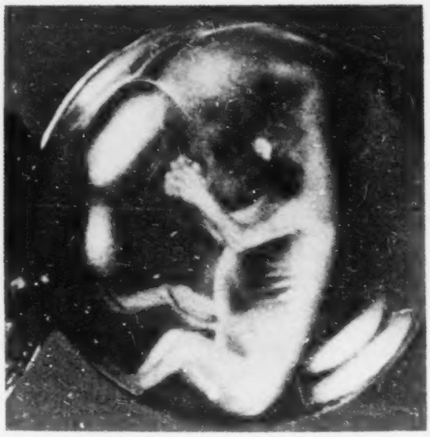
Prostaglandin Abortion

This drug, made by the Upjohn Company originally for the specific purpose of abortion, causes the woman to go into labor at any stage of pregnancy. It is used in middle and late pregnancy to induce abortion. It's main "complication" is "live birth." It also can cause serious maternal injury.

Tiny Human Feet @ 10 Weeks

These perfectly formed feet demonstrate that the baby's tiny body is completely formed at this time.

at six weeks — "quickening" occurs — that is movement begins.
— human brain activity can be recorded on the electroencephalogram.
at 18 days — the human heart begins to beat.
at conception — human life begins. At that moment a new being exists—totally different from the body of either the mother or the father (different genetic makeup)
— human (46 chromosomes)
— alive (capable of replacing his own dying cells)
— and needing only food and time to grow into an adult human.



Human Life at Eight Weeks (2 Months)

At this stage:
— he (or she) will grab an instrument placed in his palm and hold on
— an electrocardiogram can be done
— he "swims freely in the amniotic fluid with a natural swimmer's stroke"
— with instruments you can hear his heartbeat

D & C Abortion at 12 Weeks

Performed between 7 and 12 weeks, this method utilizes a loop shaped, steel knife. The uterus is entered through the vagina. The cervix (mouth of the womb) is stretched open. The abortionist then cuts the tiny body to pieces and slices the placenta from the walls of the uterus.

D & E Abortions Until 18 Weeks

Performed between 12 and 18 weeks, this method utilizes a sharp toothed pliers-like instrument. The abortionist grasps a part of the body of the baby and tears it away. This dismemberment of the living baby continues without any fetal anaesthetic until all parts, plus the deeply rooted afterbirth, are removed. Bleeding is profuse.

One of the jobs of the operating room nurse is to reassemble the body part to be sure the uterus is empty, otherwise the mother will bleed and become infected.

Suction Abortion at 10 Weeks

Over 85% of all abortions performed in the U.S. and Canada are done by this method. It is like the D & C except that a powerful suction tube is inserted. This tears apart the body of the developing baby and his placenta, sucking the "products of pregnancy" into a jar. Sometimes the smaller body parts are recognizable as on this picture.

All photos in this brochure were entered as documented evidence before the Federal Dist. Court of Connecticut in 1971. These and others were submitted during scientific testimony before the Judiciary Sub-committee of the U.S. House of Representatives in 1976 and before the Judiciary Sub-committee of the U.S. Senate in 1981 and in [illegible]. They were not challenged and were published by both House and Senate in the official proceedings.

What of the U.S. Supreme Court Decision?

This has opened all fifty states to abortion on demand until the cord is cut. It prevents any state from forbidding abortion when needed for the life or health of the mother.

By the Court's own definition, the word "health" means: ". . . The medical judgment may be exercised in the light of all factors—physical, emotional, psychological, familial, and the woman's age—relevant to the well-being of the patient. All these factors may relate to health." (*Doe v. Bolton*)
It includes when a pregnancy would:
"Force upon a woman a distressful life and future."
Produce "psychological harm."
"Will tax mental and physical health by child care."
Will bring the distress "associated with the unwanted child."
Will "bring a child into a family already unable psychologically or otherwise to care for it."
Will bring the "continuing difficulties and stigma of unwed motherhood." (*Roe v. Wade*)

The Dred Scott Decision in 1857 ruled that black people were not "persons" in the eyes of the Constitution. Slaves could be bought, sold, used or even killed as property of the owner. This decision was overturned by the 14th Amendment. Now the court has ruled that unborn people are not "persons" in the eyes of the Constitution. They can be killed at the request of their parents (mothers). This dreadful decision can only be reversed by the court itself or overturned by another constitutional amendment.

But legalizing abortion would eliminate criminal abortions!

This is purely wishful thinking, and a completely false statement. Consistent experience has been that when laws are liberalized, the legal abortion rate skyrockets, the illegal abortion rate does not drop, but frequently also rises. The reason consistently given is the relative lack of privacy of the official procedures. (Abortion: Questions & Answers)

Doesn't a mother have a right to her own body?

This is not her body but the body of another human person. Since when have we given to a mother the right to kill her child, born or unborn?

Abortion is only a religious question, isn't it?

No. Theology certainly concerns itself with respect for human life. It must turn to science, however, to tell it when life begins. The question of abortion is a basic human question that concerns the whole civilized society in which we live. It is not just a Catholic, or Protestant, or Jewish issue. It is a question of who lives or dies.

Isn't abortion another means of contraception?

No. Do not confuse abortion with contraception. Contraception prevents new life from beginning. Abortion kills the new life that has already begun.

Why bring unwanted babies into the world?

An unwanted pregnancy in the early months does not necessarily mean an unwanted baby after delivery. Dr. Edward Lenoski (U. of S. Cal.) has conclusively shown that 90% of battered children were planned pregnancies.

What about a girl who's been raped?

Pregnancy from rape is extremely rare. (See Willke, Abortion: Questions & Answers) The victim must be supported, loved and helped, but we should never kill an innocent baby for the crime of his father.

What if the mother threatens suicide?

Suicide among pregnant women is almost unknown. In Minnesota, in a 15-year period there were only 14 maternal suicides. Eleven occurred after delivery. None were illegitimately pregnant. All were psychotic.

Are there after-effects to the mother?

After legal abortion there is an increase in sterility of 5%, of miscarriages of an additional 10%, of psychiatric aftermath (9 to 59% in England), of Rh trouble later. Tubal pregnancies rise from 0.5 to 3.5% and premature babies from 5 to 15%. There can be perforation of the uterus, blood clots to the lungs, infection, and later fatal hepatitis from blood transfusions. (Abortion: Questions & Answers)

But isn't it cruel to allow a handicapped child to be born — to a miserable life?

The assumption that handicapped people enjoy life less than "normal" ones has recently been shown to be false. A well-documented investigation has shown that there is no difference between handicapped and normal persons in their degree of life satisfaction, outlook of what lies immediately ahead and vulnerability to frustration. "Though it may be both common and fashionable to believe that the malformed enjoy life less than normal, this appears to lack both empirical and theoretical support."

Paul Cameron & D. Van Hoeck, Am. Psychologic Assn. Meeting, 1971

Human Garbage—"These dead babies had reached fetal ages of 18 to 24 weeks before being killed by abortion. This is the result of one morning's work at a Canadian teaching hospital."

A new ethic?

For two millenia in our western culture, specifically protected by our laws, and deeply ingrained into the hearts of all men has existed the absolute value of honoring and protecting the right of each person to live. This has been an inalienable, and unequivocal right. The only exceptions have been that of balancing a life for a life in certain situations or by due process of law.

Our new permissive abortion laws represent a complete about-face, a total rejection of one of the core values of western man, and an acceptance of a new ethic in which life has only a relative value. No longer will every human have an absolute right to live simply because he exists. Man will now be allowed to exist only if he measures up to certain standards of independence, physical perfection, or utilitarian usefulness to others. This is a momentous change that strikes at the root of western civilization.

It makes no difference to vaguely assume that human life is more human post-born than pre-born. What is critical is to judge it to be, or not to be, human life. By a measure of "more" or "less" human, one can easily and logically justify infanticide and euthanasia. By the measure of economic and/or social usefulness, the ghastly atrocities of Hitlerian mass murders came to be. One cannot help but be reminded of the anguished comment of a condemned Nazi judge who said to an American judge after the Nuremburg trials: "I never knew it would come to this." The American judge answered simply: "It came to this the first time you condemned an innocent life."

Willke, Handbook on Abortion

Isn't abortion safer than childbirth?

In the last stages it is far more dangerous. In the first three months it is probably more dangerous or at least as dangerous as childbirth. Like venereal disease, abortion complications and even deaths are substantially underreported. Therefore, even though the reported statistics state that abortion is much safer, in fact it is probably more dangerous even in early pregnancy.

Isn't it true that restrictive abortion laws are unfair to the poor?

It is probably true that it is safer for a rich person to break almost any law, than for a poor person to do so. Perhaps the poor cannot afford all the heroin they want. Rich people probably can. Does that mean we should make heroin available to everyone? Not everything that money can buy is necessarily good. The solution is not to repeal laws, but to enforce them fairly. Laws restricting abortion can be, and frequently have been, adequately enforced.

What of the Population Explosion?

Fertility in the United States has dropped below the "replacement" level of 2.1 children a family that is necessary to achieve zero population growth. It has been at 1.8 since 1973.

If the current decline in the world birth rate continues "it should be possible to reduce the world crude birth rate to less than 20 and the world population growth rate to less than 1% per annum by 1980" (same as U.S.A.).

World Fertility Trends During the 1960's,
R. Ravenholt, director, off. of population USAID

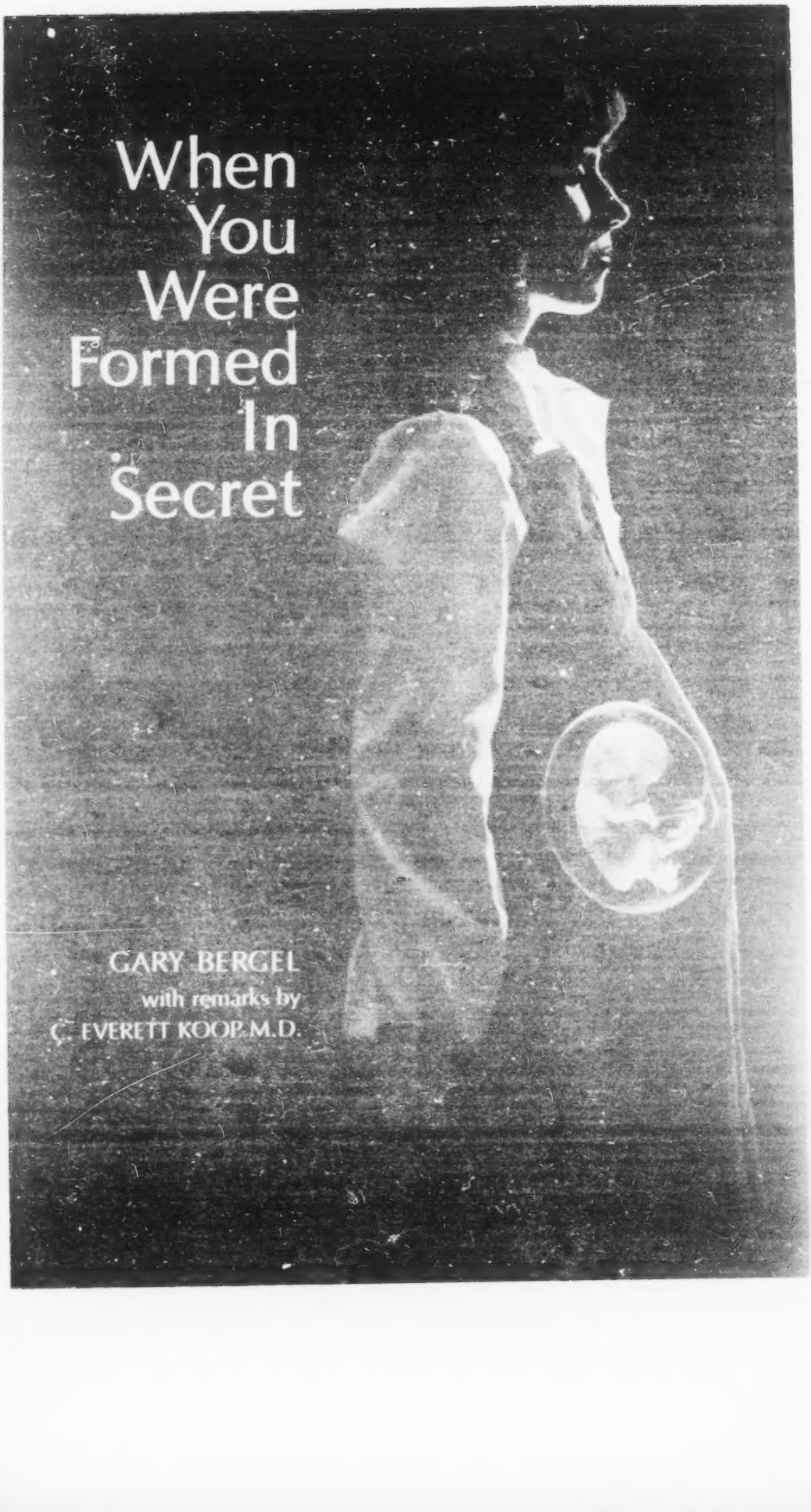
Constructive Answers

"Choosing abortion as a solution to social problems would seem to indicate that certain individuals and groups of individuals are attempting to maximize their own comforts by enforcing their own prejudices. As a result, pregnant school girls continue to be ostracized, mothers of handicapped children are left to fend for themselves, and the poor are neglected in their struggle to attain equal conditions of life. And the **only** solution offered these people is abortion. It becomes very disturbing when we think that this destructive medical technique may replace love as the shaper of our families and our society."

"We **must** move toward creating a society in which material pursuits are not the ends of our lives, where no child is hungry or neglected, where even defective children are valuable because they call forth our power to love and serve without reward. Instead of destroying life, we should destroy the conditions which make life intolerable. Then every child regardless of its capabilities or the circumstances of his birth, could be welcomed, loved, and cared for."

Induced Abortion, A Documented Report, p. 134

[With permission, "Life or Death," Hayes Publishing Co., Cincinnati, OH]



When
You
Were
Formed
In
Secret

GARY BERGEL
with remarks by
C. EVERETT KOOP, M.D.

dedicated
to my parents
grandmother Staudinger
my wife Susan
my sons Ian, Joseph,
Noah, Stephan, Jonathan
my daughters
Ruth, Anna and Sarah
my twin sons
Aaron and Nathan

This booklet is published by Intercessors For America in the belief that all human life is sacred, including the life of the unborn child in the mother's womb, and that a society cannot long endure which adopts national policy that denies legal protection to those incapable of protecting themselves.

It is intended for maximum distribution in such places as schools, hospitals, and counselling clinics.

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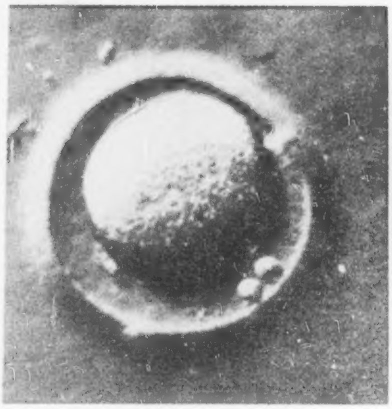
When You Were Formed In Secret

INTRODUCTION

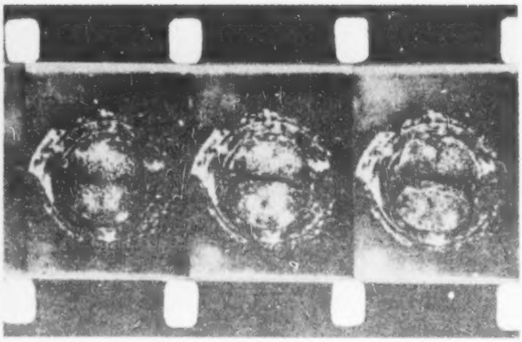
Man has always wanted to know about his life before birth. Countless myths, theories and superstitions surround the mysterious first nine months of existence which every human being spends in the shadowy, warm, watery world of the mother's womb.

Four centuries ago, all that man knew about developing babies could have been printed on one or two pages. Today, science and medicine have provided us with incredible insights into this formative process, and we now know more about human life before birth than ever before in history. Today, you can know in exquisite detail what you were like when you were so marvelously and majestically formed in the secret of your mother's womb.

THIS IS AN ACCOUNT ABOUT YOU
AND YOUR LIFE BEFORE BIRTH.



fertilized ovum at twelve hours



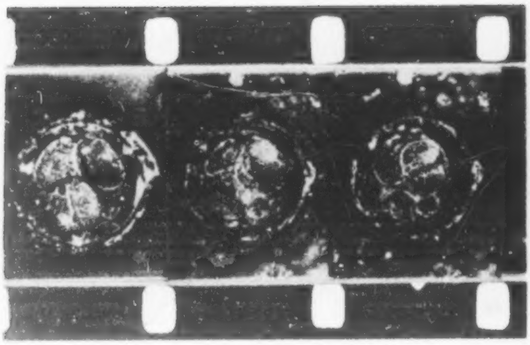
Day 1

You began when the sperm cell from your father met and united with the ovum (egg) cell from your mother. During this event of conception or fertilization, the two cells became a single living cell. YOU began. A unique individual, you never existed before in the history of the world and you are not entirely like either of your parents nor are you entirely like any of your ancestors. When conceived, you were so tiny that you could not be seen with the naked eye. You were but the size of a pin prick, smaller than a grain of sand, smaller even than a period typed at the end of a sentence.

As the nuclei of the ovum and sperm unite during the first hours of fertilization, they bring together twenty-three chromosomes from the mother and twenty-three chromosomes from the father. These chromosome sets carry some 15,000 genes from each parent cell.

In these first quiet hours of human conception, the genes, like letters of a divine alphabet, spell out the unique characteristics of the new individual. The color of the eyes, hair and skin, facial features, body type and certain qualities of personality and intelligence are all determined by this genetic coding. Whether the baby just begun will be a boy or a girl is determined by an X or Y chromosome carried in the father's sperm cell. X = girl. Y = boy.

This quiet, yet sacred, act of conception has produced not a "potential human being," but rather a human being with vast potential. A new human life has begun and will continue until natural or violent death.



the "ball of life" at five days

Week 1

You continued to grow at a rapid rate and began looking like a cluster of cells. You actually looked a bit like a variety of berry so at this stage of your growth you were termed a "morula," which is Latin for mulberry. Your mother had no idea you had "nested" into her womb and had not yet missed a menstrual period.

Within six to twelve hours after the nuclei have merged and the chromosomes have exchanged genetic coding, the fertilized egg divides into two cells, after a time the two divide into four, the four into eight, and so on, creating after some 266 days a newborn babe weighing approximately seven and a half pounds and containing millions upon millions of cells!

During the first three to four days, the fertilized egg journeys down the mother's fallopian tube and enters her pear-shaped uterus or womb. The lining of the womb is very spongy, having been specially prepared to receive the new life by a hormone called progesterone. By the end of seven days, the "ball of life," still no bigger than a dot, sinks into the soft wall of the uterus where it implants itself, much like a wind-blown seed becomes imbedded in the furrow of a recently plowed, moist, spring field.

The morula or "cluster of cells" which comprises the new individual immediately begins to tap into tiny blood vessels and draw nourishment, just as a sprouting seed does from wet soil. Barring unforeseen difficulties, this "ball of life" will grow at a rapid, almost dizzying rate to become an embryo, the next stage of human development.

Having now firmly situated yourself in the supplying goodness of your mother's womb, at about ten days you begin to send her signals that you are there. Through placental chemicals and hormones you begin to influence virtually all of your mom's organs and tissues. She will soon miss a menstrual period, experience some "morning sickness" or tenderness in her breasts and might suspect that you have been conceived. Even though you exert this absolute influence, you and the balloon-like sac of waters which surrounds and protects you are still smaller than the seed of an apple.

Week 2

the new individual "nesting" in the soft lining of the womb

According to the "instructions" packaged in the genes, the cluster of cells has been increasing and changing virtually every hour. Already different tasks have been appointed to different groups of cells. Some cells have gathered and formed a bubble-like sac which is filled with fluid. This sac is called the amnion, which is a Greek term meaning "little lamb," chosen because lambs are often born enclosed in these pre-natal membranes and fluid. This "bag of waters" will cushion, protect, insulate, and provide free movement to the developing individual.

Another group of cells has formed a tree-like placenta which brings the baby's blood into contact with the mother's bloodstream. Though the bloods "touch" through a thin partition or membrane, they normally do not intermix and may even be of different types. In an interchange of materials, oxygen and food is absorbed from the mother and wastes from the baby are filtered out.

The umbilical cord, composed of two arteries and one larger vein, surrounded by a thick jelly, has formed and becomes a lifeline transporting nutrients and wastes to and from the embryo and placenta.

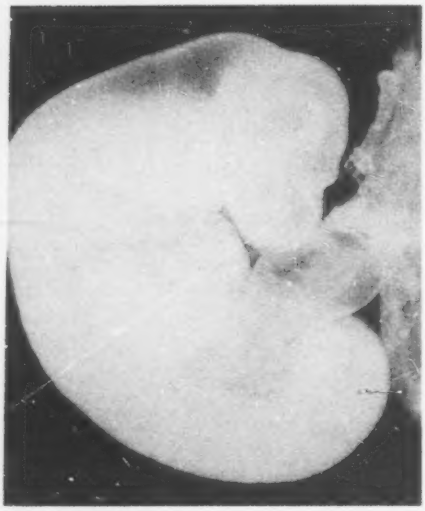
The amnionic sac together with the placenta and umbilical cord comprise a sort of self-generated space capsule and life support system for the developing "embryo," which is swelling in size, teeming with life and in the process of forming.

As you completed the first month of your life you were now about the size of an apple seed or one-sixth to one-fourth inch in length.

Your heart began beating at three weeks and has set the "rhythm of life" for all your days. Your brain began to form and soon would send out impulses throughout your body. On your twenty-fourth day you had no arms or legs. Then suddenly, just two days later, tiny buds for your arms appeared and then your legs budded in only two more days!

In a mere four weeks you looked every bit like a tiny baby and even began to react and respond like one.

Weeks 3&4



human embryo at thirty days

By the end of the third week the backbone, spinal column and nervous system are forming. The rapid growth of the backbone causes the body to "double-up" and curl about its axis. Inside, the foundation for all the organ systems is being carefully established. Simple kidneys, a liver and the digestive tract are already taking shape.

By the end of four weeks the month-old embryo is ten thousand times larger than the fertilized egg.

The new individual is a self-contained biological workshop. The master genetic code imparted to each cell continues to dictate the formation of specialized tissues and organs in a universally fixed sequence. This perfect ordering, regimenting, and orchestration of cells while not yet fully understood is truly marvelous to behold. Indeed, we are fearfully and wonderfully made.

> *"Imagine a little workshop started by one man of all-around talents. His first employees learn the business from him and as the factory grows they become department heads, each organizing his own part of the work until all sorts of specialized workers are developed, capable in their turn of developing new employees but only in their own narrow fields."*
>
> *— Dr. George W. Corner*

Month 2

"Years ago, while giving an anesthetic for a ruptured tubal pregnancy (at two months), I was handed what I believed to be the smallest human being ever seen. The embryo sac was intact and transparent. Within the sac was a tiny (one-third inch) human male swimming extremely vigorously in the amniotic fluid, while attached to the wall by the umbilical cord. This tiny human was perfectly developed with long, tapering fingers, feet and toes. It was almost transparent as regards the skin, and the delicate arteries and veins were prominent to the ends of the fingers. The baby was extremely alive and did not look at all like the photos and drawings of 'embryos' which I have seen. When the sac was opened, the tiny human immediately lost its life and took on what is accepted as the appearance of an embryo at this stage, blunt extremities, etc."

-Paul E. Rockwell, M.D.

During this period you were able to move with a delightfully easy grace in your buoyant world. By the end of the month you could swim. Unborn children your age have been recorded doing full flips in less than two seconds!

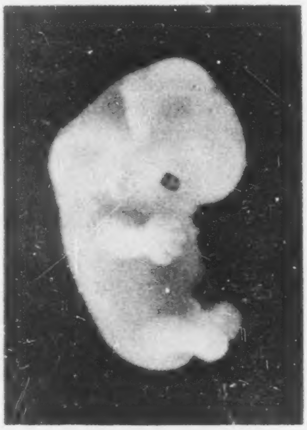
With your head "resting on your chest," the tip of your nose showed up on your thirty-seventh day and you could pull away if it was tickled. As you inner ear formed, you began to hear the rushing sounds of your watery world. By the end of the month your mom had missed two menstrual periods and probably had confirmed you were there. When she checked in with her doctor he probably pointed out that at this stage you were "a splendidly functioning baby."

The head of the embryo is almost one half of its total size. The brain tissues rapidly grow and divide to become a miniature brain that is unmistakably human. Brain waves can be detected, recorded and read at approximately forty days. Impulses begin to control and regulate body functions such as circulation, digestion, and waste elimination, as soon as these structures are formed.

The facial features along with the ears, nose, lips and tongue, form with clarity during this month. The eyes form and darken when pigment is first produced around the thirty-fifth day. Eyelids cover most of the eyeball by the forty-fourth day and soon after will seal to protect the developing light-sensitive cells. The eyes will not re-open until the seventh month.

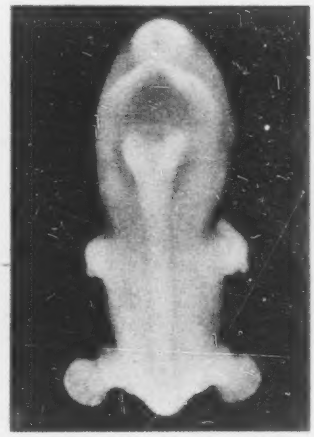
Near the end of the month the completed skeleton begins to change from cartilage to true bone. The jaws also form, complete with milk teeth buds in the gums. Muscle cells have been moving into position and soon the forty muscle sets begin their first exercises. As they work with the nervous system for the first time, the body responds to touch, and feeble movements are recorded, although most mothers will not feel movement until the fourth or fifth month.

A miniature infant has developed and grown to an inch or more in length. All is now formed, and until adulthood the changes in body will be primarily in dimension and in the refinement of working parts. The boy or girl now growing truly looks like a tiny baby and a very real little person. The unborn child at this stage is termed a fetus, which is Latin for "young one" or "offspring."



forty two days
side view

forty two days
from rear, spinal view



Month 3

In your third month of life you grew to be more than two inches in length and you now weighed one ounce, just a little less than this booklet.

Your movements became more energetic, less mechanical and more graceful and fluid, very much like an astronaut floating and enjoying his gravity-free space capsule.

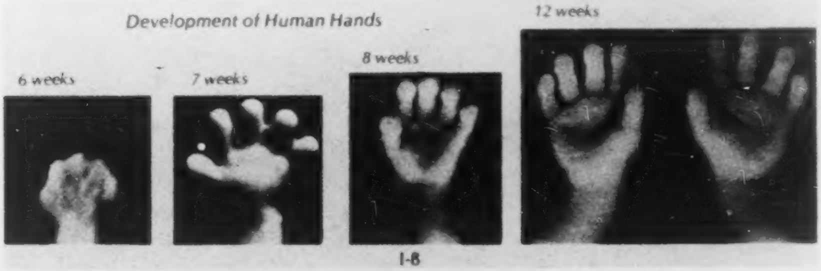
Your arms grew to be as long as printed exclamation marks and your fingers and toes quickly formed, complete with fingerprints which gave you a separate legal identity that would never change except for size.

As your eyelids closed, as thin as butterfly wings, and as a translucent skin covered you, looking like a frosted glass jacket slipped on, you assumed an ethereal, transcendent beauty. Special grace seemed to envelop and permeate you as you moved into your second trimester of life.

The fetus or "little one," now riding in the girdle of the mother's pelvic bone in a womb which has doubled in size, becomes quite active and his physical abilities leap ahead. Nerve and muscle connections increase threefold. The entire body, except for non-facial portions of the head, is sensitive to touch. Since the brain has developed to allow independent movement of limbs the tiny infant can turn his head, curl and fan his toes and open and close his mouth with or without puckering the lips. If a palm is stroked the fetus will make a tight fist.

This unborn child has been able to experience pain from at least the eighth week and can even be taught conditioned responses. Fingernails and toenails appear, and the child's genitals show a clear sexual differentiation and already contain primitive egg or sperm cells. The fetus now sleeps and wakes, "breathes" amnionic fluid regularly to exercise and develop the respiratory system, and also drinks, digests and excretes portions of the fluid. He will drink more fetal fluids if sweetened and less if they are made bitter or sour.

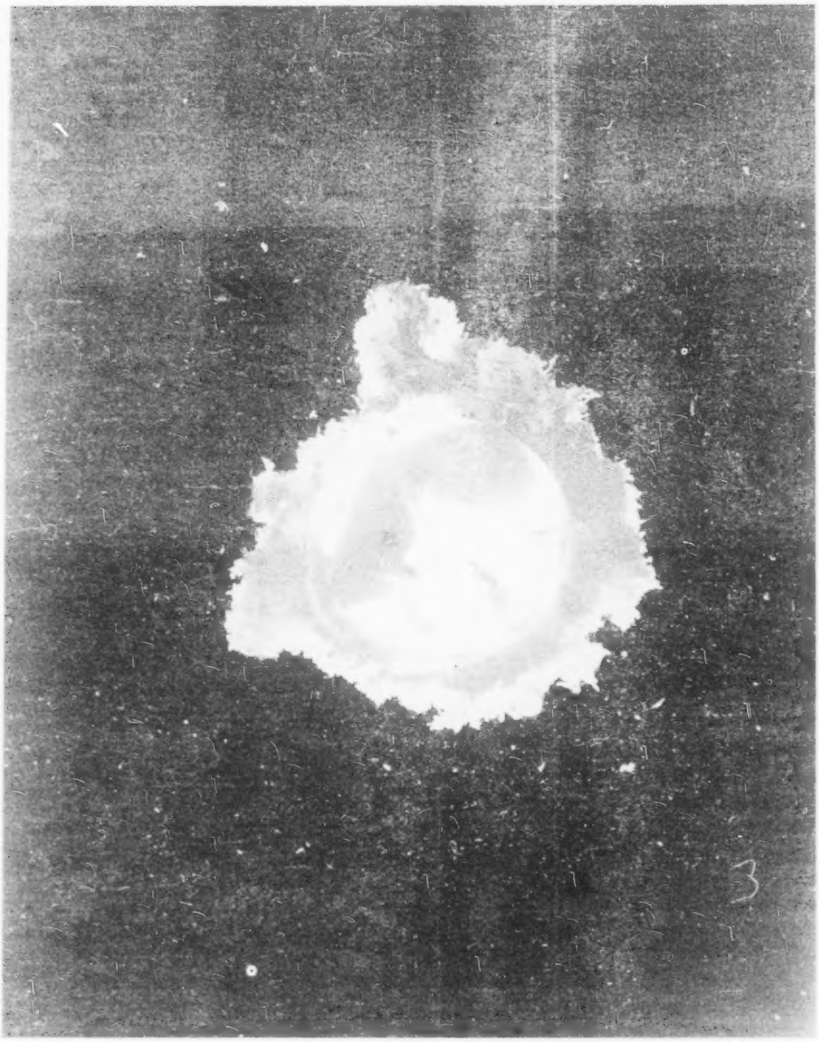
In every way, this new offspring begins to manifest a distinct individuality in appearance and behavior. Since the vocal cords are completed we are told he would even cry if he could, and indeed, does try to at times.



Development of Human Hands

6 weeks *7 weeks* *8 weeks* *12 weeks*

I-8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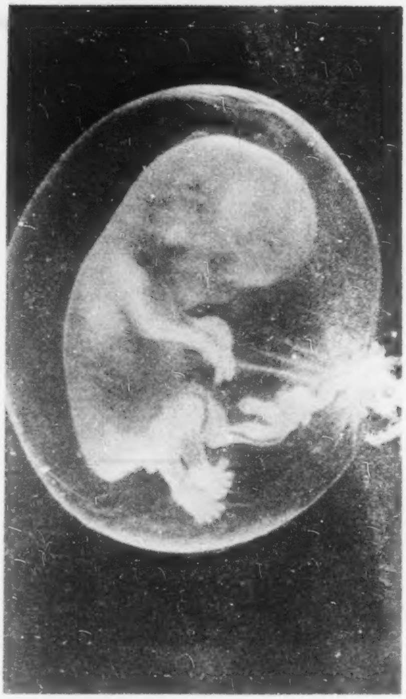


Month 4

Your face took on facial expressions similar to, yet distinct from, those of your parents and of your grandparents.

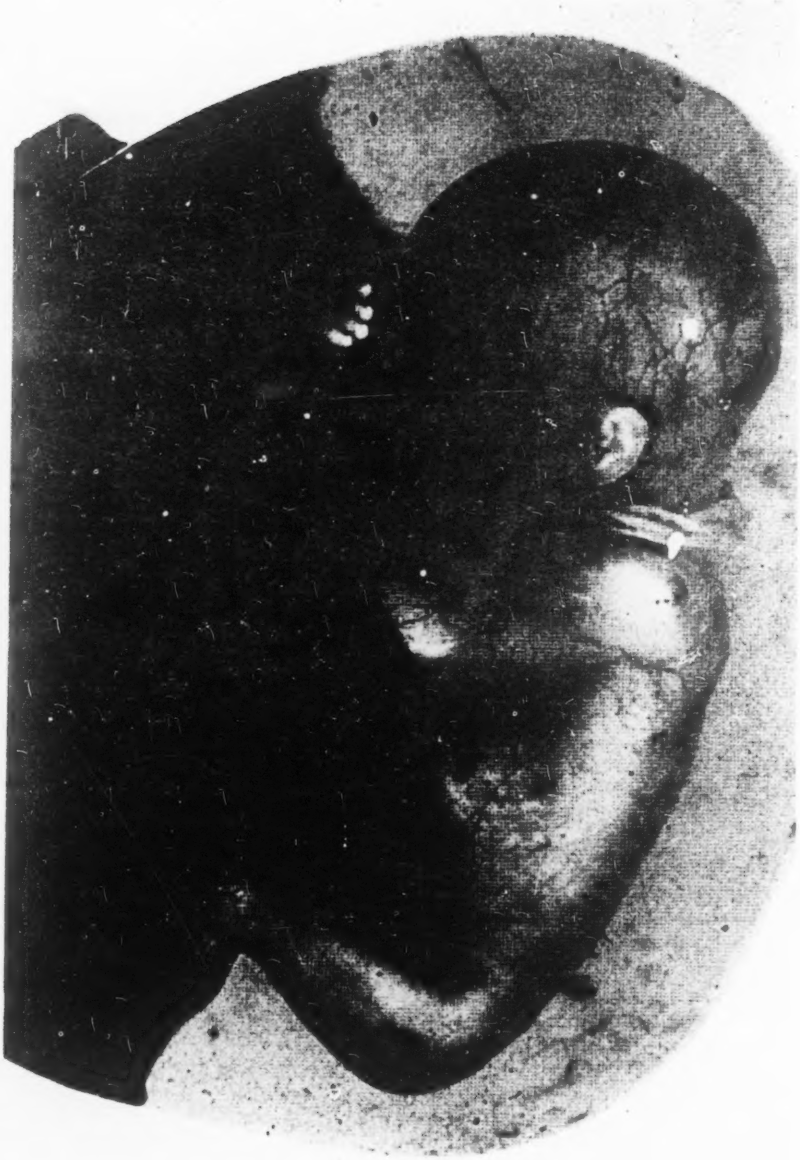
Fine hair began to grow on your head and eyebrows and eyelashes appeared to enhance your unique beauty.

As you squirmed or fluttered about, it is possible that your hand found your mouth and that you sucked your thumb for the first time.

You grew and grew until you became half as tall as you would be at birth.

By the end of this month which is also marked by rapid growth, the baby will be eight to ten inches in length, one-half of his height at birth, and could weigh one-half pound or more. Because of this tremendous increase in size the mother will usually begin to "show," and she very well might experience the first stirrings of life within her. The baby now begins to seek comfortable positions when preparing to sleep. As the mother eats, the food nutrients are digested and passed on to the developing, hungry child within an hour or two.

Bone marrow is now forming and is beginning to produce and supplement the red blood cells which up to now have been made by the liver and spleen. The heart can now be plainly heard and is pumping up to twenty-five quarts of blood a day. The placenta, now up to eight inches in diameter and weighing one pound, is efficiently delivering tremendous amounts of nourishment. The umbilical cord, a marvel in engineering which, like a filled garden hose, resists knotting, is transporting three hundred quarts of fluid a day at speeds of up to four miles per hour and can complete a round trip of fluids in thirty seconds.



approximately life size

Months 5 & 6

Sometime before the end of this second trimester you had a very wonderful experience - you heard and recognized your mother's voice!

Perhaps this is why some of you had such an unearthly peace upon your countenance during this period. One observer said you looked as if you might be awaiting eternity.

Your eyes once again opened and this time you could perceive the shadowy outlines and the dimly lighted forms in your environment.

Passing the mid-point of pregnancy and moving toward the end of the second trimester, the "little one" has been fully formed for a number of months. Now very coordinated, the baby curls as the mother moves and stretches when the mother rests. He will also firmly grasp the umbilical cord when it is encountered. Sounds provoke energetic reactions, even though repetitive signals may bore the fetus. Most mothers now have to contend with bouts of hiccups and repeated kicks and punches, especially if the infant cannot settle into his favorite "lie" position.

Oil and sweat glands now function. The entire body is covered by fine hair as well as a white, greasy looking ointment called vernis, Latin for "varnish," which protects the infant's skin from the fetal waters.

Having increased in size to twelve inches or more and weighing up to one and one-half pounds, some infants who might now be born, though premature, would survive with adequate care. The lungs are usually well developed and stand ready to perform their function.

Months 7 - 9

During the last three months before your birth your mother, with her womb stretched to its limits, probably felt like she had been pregnant forever.

As you tripled in weight to more than seven pounds and grew to twenty inches during these same months you began to find your quarters becoming very cramped.

As you settled into waiting, you found your favorite positions when possible or sometimes just pulled your knees up to your nose . . . and waited.

The unborn child, now using the four senses of vision, hearing, taste and touch, has experienced his own motion, secretions, the difference between waking and sleeping, and has even related to the moods and emotions of the mother. These first perceptions will be stored and will form a basis for later experience.

The skin of the infant thickens and begins to look polished. A layer of fat is produced and stored beneath the skin, both for insulation and as a food supply. Antibodies that give immunity to diseases are built up. A gallon per day of amnionic fluid is absorbed by the baby and the fluid is totally replaced every three hours. The baby's heart now pumps three hundred gallons of blood per day and the placenta begins to age.

Approximately one week before the two hundred and sixtieth day the infant stops growing and "drops," usually head downward, into the pelvic cavity.

All preparations are finished and both the mother and child can but wait for the drama of birth.

I-13

Birth Day

On the day of birth the child, already a living and active person as we have seen, makes a change in his place of residence, in his external life support system, and in his eating habits. As he has already gone through many progressive, overlapping stages of growth and development, so will he, from birth, continue the life begun nine months ago, moving through childhood, adolescence, maturity, old age and death. Once again, all that is needed is nourishment, loving care and time to grow.

The act of birth is thought to be triggered by a complexity of processes. A unilateral "decision" is made by the mature fetus and communicated electro-chemically from his brain to the aging placenta, which is also changing hormonally, and which, in turn notifies the uterus. The contractions and the labor begins.

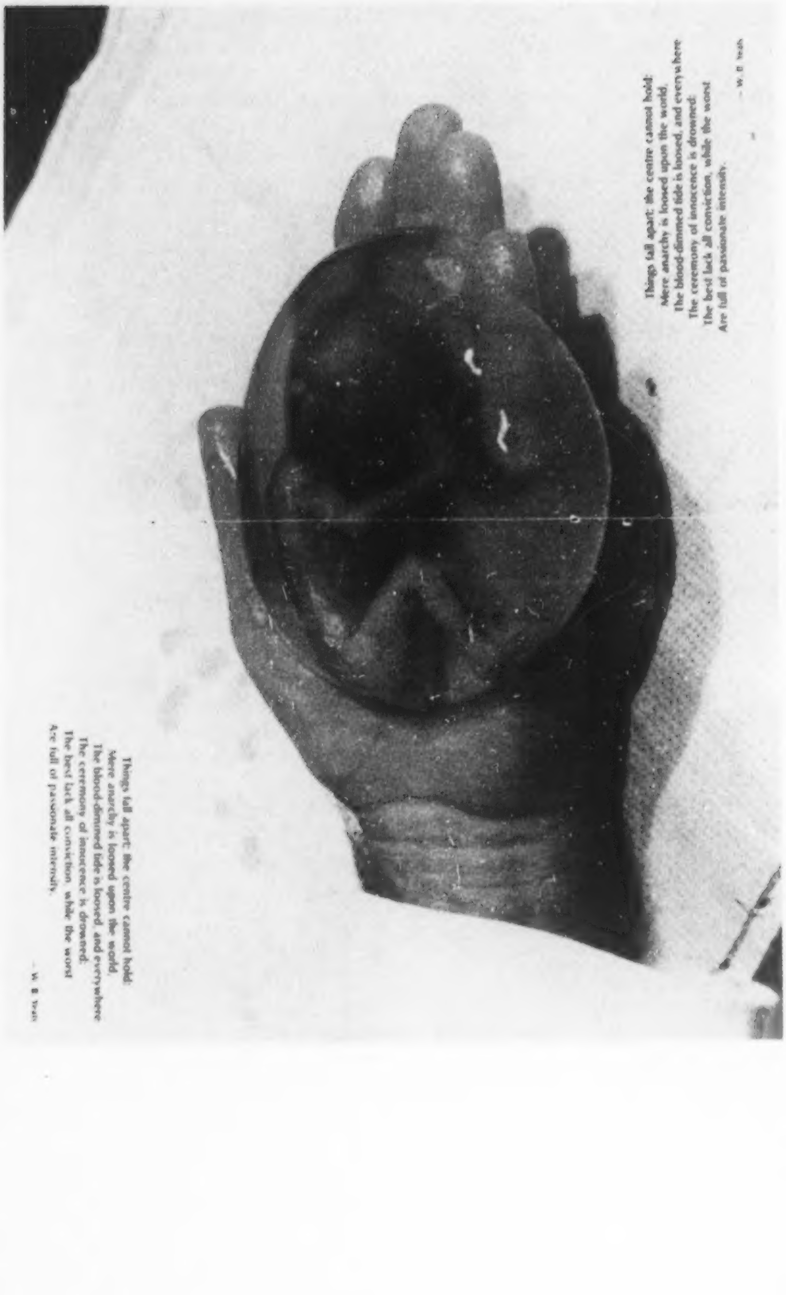
The uterine muscles contract and eventually the mother is allowed to "bear down." Pressures of up to one hundred pounds push and propel the infant through the birth canal and out into his new environment. The jelly in the umbilical cord begins to swell immediately upon contact with air, restricting flow to the placenta and forcing the infant's blood to its own lungs for oxygen. As the baby gasps and air sweeps into the lungs and fills the thousands of tiny air sacs, a first cry is vocalized.

As you quietly waited, "locked" in the position for birth, a time came when you heard a loving whisper from afar saying, "It is time." And with all the strength of your being you responded with a resounding, "Yes!" And then the sounds around you began to change as you felt the first squeezes from the uterine muscles which you triggered into action.

Within hours, the noble labor of birth transported you from your warm, watery world out into an environment which was a chilly twenty degrees colder. Not having the buoyancy of water around you it was harder for you to hold your head upright and five times as hard for you to breathe. You experienced pangs of hunger as you adjusted from a constant flow of nourishment to some six meals a day. Though you nursed clumsily at first you soon caught on and after a good meal would snuggle, drawing up your arms and legs as you had in the womb.

You soon began communicating your discomforts and needs to your mom and you again found solace and peace in her shared warmth. If she held your head next to her beating heart you heard it and fell asleep.

As your mother looked down upon you, she spotted your fingernails which needed trimming and as she continued to study you in your sleep, her heart would often fill with joy, realizing that you would now know grace in the light of life. Her hope had become a certain, living, love. She was very, very glad.



Things fall apart; the centre cannot hold;
Mere anarchy is loosed upon the world,
The blood-dimmed tide is loosed, and everywhere
The ceremony of innocence is drowned;
The best lack all conviction, while the worst
Are full of passionate intensity.

— W. B. Yeats

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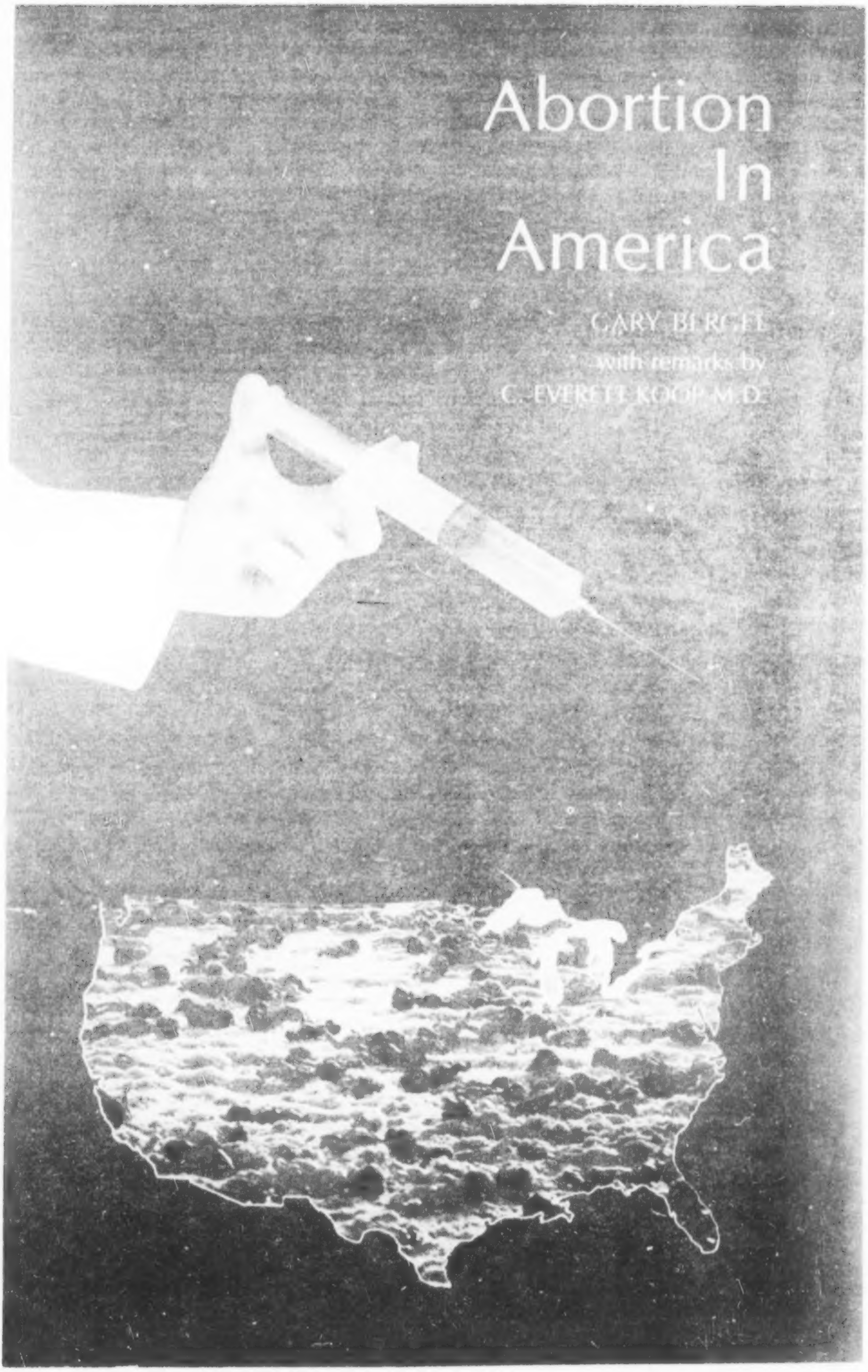

Abortion
In
America

GARY BERGEL
with remarks by
C. EVERETT KOOP M.D.

dedicated
to the millions of American Innocents
raped of life
in the 1970's, 80's and 90's,
brothers and sisters
known only to God.

CAUTION

You are about to being reading "part two" of this booklet which deals with the controversial and emotional issue of abortion in America. To be fully balanced and prepared to read this section we encourage you to first read "part one," WHEN YOU WERE FORMED IN SECRET.

This second section also includes visual documentation of current abortion practices in America. Please be aware of this in case you do not wish to view these sensitive pictures of if you do not want your children to view them. Thank you.

Although this is a "little work," scores of dedicated individuals and "bonded friends" generously assisted and helped bring it to completion. The unselfish support and professional contributions from C. Everett Koop, M.D., Landrum B. Shettles, M.D., J. C. Willke, M.D., Franky Schaeffer and Ray Cioni must be especially noted.

The research assistance of Sheila Blair, Tamarah Johnson, Marlin Eller, and the secretarial work of Sharon Bosier and Cathy DeMent was, as always, top notch and tremendously appreciated.

The pastoral oversight and encouragement from Dan Wolfe, the editorial time and efforts of John Beckett and Dick Leggatt, and the design assistance from Dave Haas, Larry Smith and David Hunt were invaluable in bringing about clarity and a resolved, finished product.

Finally, I would like to especially thank my wife Susan and my family whose steadfastness, patience, love and support during tense periods really made this work possible.

May our combined efforts bring glory to God and help restore America to nobility and grace.

Gary Bergel

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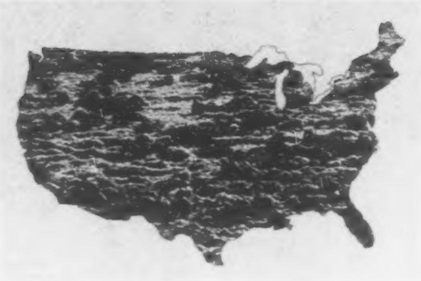
Abortion In America



INTRODUCTION

Man does not always want every human life to come into existence. From the days of antiquity he has searched out methods of fertility and birth control. While a variety of methods and means have been utilized through the ages, abortion and child sacrifice have generally been held to be an extreme, last resort and "taboo" or unlawful in all but pagan societies.

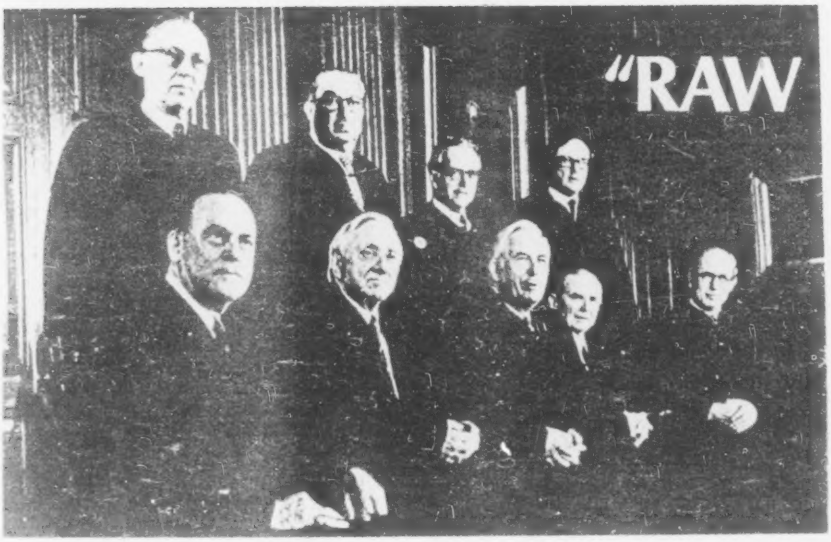
Western man has firmly held to life supportive principles as promoted by Hippocrates from 450 B.C. until the turn of the century. Since the mid 1800's certain groups and individuals have been promoting death as a solution to social problems. The belief that every human life is of equal worth and is worthy of protection and loving care has come under increased attack. This "sanctity of life" ethic is in danger of being replaced by a cheap "quality of life" ethic. Advocates of this new ethic maintain that some persons should be "terminated" because they are unwanted, unplanned, imperfect or perhaps are not properly productive.

The promotion and use of abortion clearly represents an implementation of this doctrine of using death to solve social problems. The Supreme Court decision to legalize this act of killing has opened a Pandora's box and presents us with an ominous future. Wherever and whenever the respect for human life is cheapened and diminished there is an educational effect upon that culture and society. This has happened in America. In just ten years we have witnessed a ten-to-one increase in the rate of abortion. In some major American cities abortions now exceed live births.

While not officially legal, the practices of infanticide (killing new-born infants) and euthanasia (the terminating or 'mercy killing' of anyone whose life is considered not worth living) have increased at alarming rates.

Legalized abortion is the first "giant step" being taken in this new campaign which promotes death as a solution for social problems.

THIS IS AN INTRODUCTION TO THE IMPLICATIONS OF ABORTION IN AMERICA.

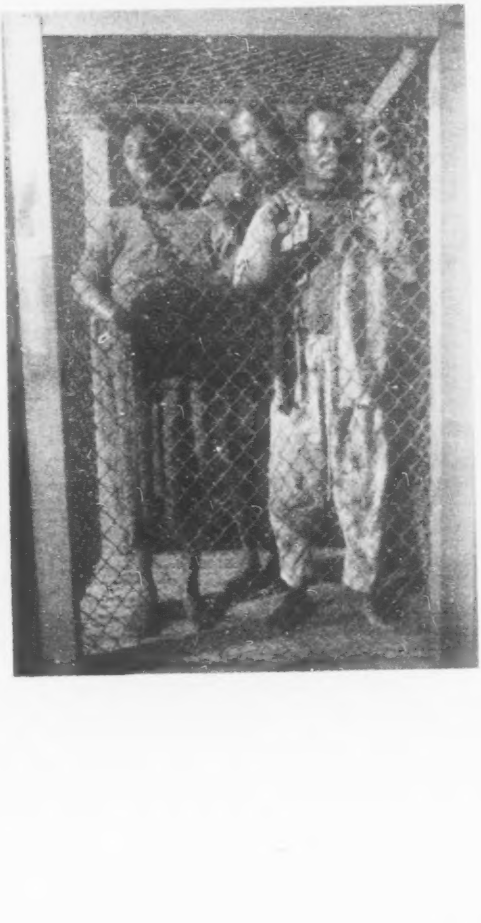


The U.S. Supreme Court in 1973. Seated from left to right: Justices Potter Stewart, William O. Douglas, Chief Justice Warren E. Burger, Justices William J. Brennan, Jr., and Byron R. White. Standing from left to right: Justices Lewis F. Powell, Jr., Thurgood Marshall, Harry A. Blackmun and William H. Rehnquist.

"The law is a form of order, and good law must necessarily mean good order." — Aristotle

"The care of human life and not its destruction, is the first and only legitimate object of good government." — Thomas Jefferson

II-2



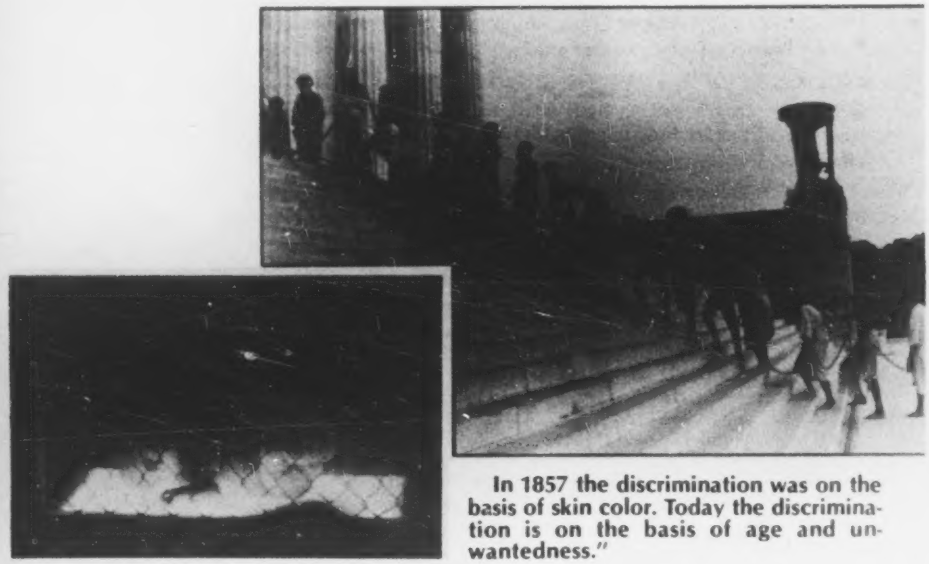
JUDICIAL POWER"

MARCH 6, 1857 The U.S. Supreme Court ruled in the landmark Dred Scott decision that black people were not legal "persons" according to the U.S. Constitution. A slave was the property of the owner and could be bought and sold, used, or even killed by the owner at the owner's discretion.

Eleven years and a civil war later, in 1868, the people of the U.S. voted into effect the Thirteenth and Fourteenth Amendments to the U.S. Constitution. The interpretation and legal protection of "persons" now included all living human beings.

JANUARY 22, 1973 The U.S. Supreme Court ruled in the landmark Roe v. Wade and Doe v. Bolton decisions that unborn human beings are not legal "persons" according to the U.S. Constitution. An unborn baby is the property of the owner (mother) and she can have the child killed at her request, even up to the time of birth if her doctor agrees.

Now the country is again bitterly divided. States have lost the right to restrict abortion-on-demand and a move is again under way to amend the U.S. Constitution to restore the constitutional right to life for all human beings from conception through natural death.



In 1857 the discrimination was on the basis of skin color. Today the discrimination is on the basis of age and unwantedness."

Abortion in America

Since the 1973 U.S. Supreme Court decision more than 20 million unborn children have been killed by abortion. The U.S. daily average is more than 4,200 or one child killed every 20 seconds. There is always at least one dead victim produced from every one of these acts of violence. Five methods of abortion are currently used in America.

1. *SUCTION CURETTAGE* 1-3 mos. 80% of all abortions (15 min. procedure). Dilatation with dilator rods. Powerful suction tube inserted through the cervix into the womb. Developing baby's body and placenta are torn into pieces and sucked into a jar. Head crushed and extracted.
2. *DILATATION AND EVACUATION (D & E)* 4-8 mos. Cervix dilated using laminaria (seaweed) and dilator rods. Forceps inserted grasping body parts, twisting them off and removing them in pieces. Spine and skull are crushed and extracted. Curette (sharp, oval-shaped knife) used to scrape out uterus. Body pieces reassembled to verify completion.
3. *SALT POISONING OR SALINE METHOD* 4-7 mos. Long needle inserted into mother's abdomen and strong salt solution injected directly into the amniotic fluid surrounding the baby. Salt is swallowed, "breathed" and slowly poisons the baby and severely burns its skin. Mother goes into labor within 24 hrs. and expels dead and shriveled baby. Some babies survive "salting out" and are born with severe complications.
4. *PROSTAGLANDIN (CHEMICAL)* 4-8 mos. Developed and sold by Upjohn Co., Kalamazoo, MI, these hormone-like compounds are injected or applied to uterine muscle, causing intense contractions, expelling developing baby. Side effects and live births common. Testing self-administered tampon. Chemicals widely promoted in India, China and Eastern Europe.
5. *DIGOXIN INDUCTION* 5-8 mos. Cervix dilated as in D & E. Ultrasound imaging used to guide syringe filled with digoxin (adult heart-moderating drug) into heart of baby, stopping it instantly. Prostaglandin induces labor, delivering dead baby. Virtually 100% effective.
6. *HYSTEROTOMY OR CESAREAN SECTION* 6-8 mos. Incision is made through abdomen into womb. Baby is removed, allowed to die by neglect, or is killed by strangulation or other direct act while inside mother.
7. *RU 486* (Morning After Pill) Beginning to be used in Europe. Produces bad cramping and side effects. Used in conjunction with prostaglandin.

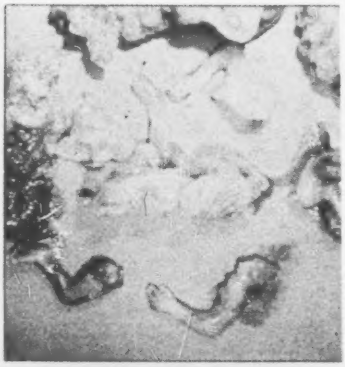
ABORTION INVOLVES RISKS, TRAUMA & SIDE EFFECTS

Because induced abortion is an unnatural, hostile, penetration of a closed and safeguarded biological system—the child in the womb—the mother is always exposed to risks and to short and long term complications, both physical and psychological.

Incomplete abortions resulting in blood clotting, bleeding, hemorrhage and infections are not uncommon. Menstrual disturbance, miscarriage, tubal pregnancies, and sterility are always risks and tend to multiply with successive abortions.

Cervical laceration and uterine perforation can result from suction and D&C procedures. Convulsions, severe vomiting and diarrhea are commonplace with prostaglandin abortion. Cardiac arrests and maternal deaths have also been reported.

Long term psychological effects, which are just now beginning to be seriously studied, include guilt, anxiety, depression, anger, sense of loss, nightmares, death scenes, deterioration of self image, and even suicide.

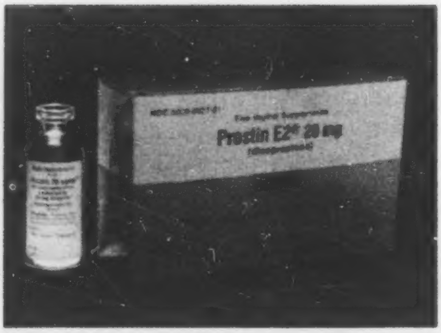


Suction Curettage

These two methods account for 95.5% of all abortions.

Suction

Salting Out


Prostin E2® 20 mg

Upjohn Prostaglandins

Cesarean Section

Abortion

Abortion is not a medical problem. It is a social problem. Doctors have been asked to become social executioners in order to bring about a better society — a far cry from the high calling to the healing art of medicine. But have we produced a better society?

We were told in the days before the Supreme Court abortion decisions that abortion-on-demand would reduce child abuse. Instead, child abuse has climbed by at least 500%, since 1973, even though we have prevented the birth of more than 25 million unwanted children.

We were told that abortion made legal would do away with illegal, dangerous abortions. Yet the experience in every country, including America, where abortion-on-demand became a legal right, is that illegal abortions increase rather than decrease.

We were told that we would have better sexual morality, but instead we have tremendous numbers of teenage pregnancies resulting from sex education programs which deny a moral code and encourage a hedonistic life style. Abortion is presented as a back-up to contraceptive failure in this "do your own thing" life style.

The cheapening of human life brought about by abortion-on-demand has, like falling dominoes, had two other impacts upon our society. The first is *infanticide*, the killing of a newborn by active or passive means because he is considered to have a life not worth living. What started off to be a woman's right to abortion-on-demand has become a woman's legal right to a dead baby. Inasmuch as a woman has right to a dead baby, does she not have the right to a dead baby outside the womb as well as inside the womb? Apparently she does! Medical journals published in the U.S. carry clear indication that doctors are practicing infanticide, and yet the law has apparently turned its back. Infanticide in reality is homicide.

The second effect is the practice of *euthanasia*, or so called "mercy-killing," the termination of the life of a dependent individual allegedly for his own benefit. Today, we receive reports about elderly people in approved nursing homes who are not having their infections and fever symptoms treated. The reasons have very little to do with limitations in medicine. Frequently, such decisions are made by staff personnel based on social problems of the patient in question, such as the frequency of visitation by the family, the number of nursing hours required per week, and the general "acceptability" of the patient with the nursing home staff.

C. EVERETT KOOP, M.D.

and the Future . . . Death as a Solution

Who knows what the next domino might be, as we systematically cheapen human life and undermine the family structure so essential to the future of our society?

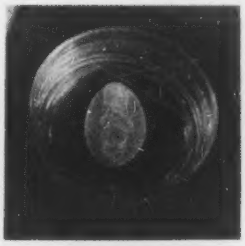
When doctors are willing to become social executioners for millions of babies, we must examine what motives are used in justifying their actions. Usually reasons given include preserving the life of the mother, the expectation of a defective child, rape, and incest. Even if these were valid reasons, they would account for only 2% of all abortions. A full 98% of abortions occur for reasons of convenience and economy.

When physicians are willing to counsel the parents of a newborn child with a congenital defect to allow the child to starve to death, we should examine this motive as well. The typical answer is that these youngsters have "life not worthy to be lived." Leo Alexander, the American psychiatric representative to the Nuremberg trials, in trying to bring the origins of the Holocaust to the lowest common denominator, said that it all began with the concept that there was such a thing as human life not worthy to be lived.

Certainly, we have come to an age where the Hippocratic tradition of preserving human lives means little. One could say without hesitation that we are at the crossroads of the corruption of medicine with the corruption of law. Corruption of law came first into this country with the U.S. Supreme Court abortion decisions of 1973. The corruption of medicine followed. In Germany in the 1930s the corruption of medicine came first with the selection of 276,000 people for destruction; they were the aged, infirm, retarded, senile, and similar "useless eaters," who were considered to be only "partial Germans." But the Holocaust could not have come about with the corruption of medicine alone. It took the corruption of the law to make euthanasia legal. There is no doubt that if the doctors in Germany had stood for the right to life of every individual, the Holocaust at the very least would have been slowed down and minimized.

continued

a living seven-week old fetus on a petri dish



So far, we've touched on the social problem presented by unwanted pregnancies, by children with congenital defects, and by old folks who have become a cramping nuisance to society or their families. But what will happen when we project the future and consider the economic impact of our actions? The results will be disastrous! With fewer and fewer children allowed to live, every child now alive or born in the next decade will, in the first years of the next century, have a proportionately greater financial burden in supporting a tremendously top heavy population. The Social Security system could be stretched to the breaking point. For the old and the non-productive, euthanasia will take on a new dimension in the name of economic stability.

Our country, which has prided itself on its lack of discrimination on any grounds, has succumbed to discrimination against the unborn because they cannot speak for themselves, against the newly born because they have lives not worthy to be lived, and against the elderly because they are social and economic burdens.

It is possible that in the next few years, with the concept of "wrongful life" developed by the New York State Supreme Court, it will be illegal for an obstetrician to deliver a baby with a defect that could have been diagnosed prenatally. Once the concept of wrongful life has been accepted, what chance does the imperfect child have when he is newly born? And what will happen to the tremendous number of elderly people who through no fault of their own have become the great majority in our changing demographic picture.

Today we hear a Nobel laureate in the United States suggesting that children not be declared alive until they are three days old in order that all families be given the right to reject their children if they wish. We hear the suggestions that all children be required to pass a genetic test or forfeit their lives. It should not surprise us that another Nobel laureate is contributing his sperm to sperm banks in the hope that a suitable ovum might be found in days to come that would be worthy of being fertilized by this superior genetic contribution.

The family structure in America is rapidly deteriorating. Abortion, infanticide, euthanasia, artificial insemination, the test tube baby, single parenthood, the Gay Rights movement, and the radical Women's Liberation movement are all anti-family. Unless we wake up, America, we are doomed to go the way of other civilizations who lost their respect for the sanctity of life where it is clearly understood that man is not a machine, is not randomly chosen, but is indeed created in the image of God.

This section was written by Everett Koop, M.D. for the first edition of 1,000,000 copies. Revisions for this edition were made by C. Bergel.

> *"Be fruitful and increase in number and fill the earth . . . for your lifeblood I will surely demand an accounting. I will demand an accounting from every animal. And from each man, too, I will demand an accounting for the life of his fellow man . . . For in the image of God has God made man."* Genesis 9:1-6

Alternatives

There is only one viable alternative to the violence of abortion and the grotesque death forms crowding in upon us: *choose life*.

For the pregnant woman this means choosing to value and care for the human child growing within her womb, rather than choosing to destroy that developing life for the sake of ANY reason. The serious consideration of *adoption* must again be placed alongside the wholesale business of abortion-on-demand which is being promoted in a Madison Avenue style and which is blighting our national life with fast-buck death chambers.

If you are a pregnant woman, young or old, rich or poor, we sympathize with the problems you are facing and want you to know that the following "life lines" exist to help you in your pregnancy. Financial aid, emotional support, medical services, and most important, a future free of guilt and full of hope for you and for your unborn child are yours for the asking.

Death is not an alternative, it is an end. Choose *life*. Check the phone numbers on the following pages. Call today. You have friends waiting to help you.

LIFE

Anchorage
907/276-3645

Edmonton
403/488-0681

Calgary
403/228-4120

Vancouver
604/687-7223
604/987-7313

Tacoma
206/383-2988

Spokane
509/328-2079

Seattle
206/644-5232
206/621-1721

Portland
503/255-7342
503/249-5801

Eugene
503/687-8651

Medford
503/772-5971

Missoula
406/549-0406

Helena
406/443-0662

Billings
406/245-6600

Bismarck
701/223-6589

Fargo
701/237-9955

Aberdeen
605/229-0258

Winnipeg
204/775-2877

California

Sacramento
916/451-4357

Oakland
415/839-9203

San Francisco
415/753-8000
415/863-0800

Union City
415/487-4357

Pacifica
415/340-1232

Santa Cruz
408/458-3335

Pacific Grove
408/373-8535
408/375-0584

Los Angeles
818/449-8408

Anaheim
714/778-1000

San Diego
619/440-0834
714/835-5433

Redding
916/221-0337

Reno
702/826-1999
702/323-5544

Carson City
702/885-9190

Fresno
209/485-5444

Boise
208/342-1898

Salt Lake City
801/363-5433
801/537-7900

Grand Junction
303/241-7474

Las Vegas
702/366-1247

Scotsdale
602/966-LOVE

Phoenix
602/254-4999

Honolulu
808/947-5377
808/537-6321

Hilo
808/935-8858

Cheyenne
1800/442-2379
307/632-5104

Rapid City
605/343-1732

Pierre
605/224-6828
605/224-9181

Sioux Falls
605/334-8411

Ft. Collins
303/493-8444

Boulder
303/353-2673
303/494-3262

Denver
303/295-2288
303/832-2858

Omaha
1402/554-1000

Lincoln
402/475-2501
402/475-2507

Pueblo
719/544-9312

Des Moines
515/288-7785

Topeka
913/234-0701

Wichita
316/265-0134

Independence
316/331-0700

Tulsa
918/481-4884

Oklahoma City
405/631-4477

Farmington
505/327-9000

Gallup
505/722-3445

Rehoboth
505/722-4713

Grants
505/285-5451

Albuquerque
505/247-9819
505/243-2020

Santa Fe
505/983-3255

Amarillo
806/376-4571

Tucson
602/622-5774
602/885-7055

El Paso
915/533-1818

Abilene
915/677-2205

Austin
512/454-2622

Dallas
214/343-7283
214/490-3430

San Antonio
512/734-0602
512/224-2902

Houston
713/465-4058
713/780-0030

Corpus Christi
512/884-2662

Problems . . .
after an abortion?
MEDICAL • LEGAL • EMOTIONAL HELP
American Rights Coalition
1-800-634-2224

LINES & BIRTH LINES

National Toll Free Pregnancy Hotlines

1-800-238-4269
Bethany Christian Services

1-800-368-3336
Lifeline

1-800-848-LOVE
Birthright

1-800-634-4890
Love Life Maternity Home

The following are just a few of the regional service centers, helplines and contacts that provide positive assistance and guidance for anyone involved in problem pregnancies. If any of the phones listed below are not operating or if you want to contact someone nearer your home you can phone "information" and ask for your local Right-to-Life or Birthright group. They will be happy to assist you.

*= statewide information centers

Pine City
612/629-2792

Minneapolis
612/920-1006
612/378-1920

St. Paul
612/641-5595
612/646-7033

Rockford
815/398-5444

Chicago
312/233-0305

Peoria
309/671-5792

Kansas City
816/444-7090

St. Louis
314/645-1424
314/962-5300
314/724-1200
314/227-2266
314/962-3653
314/227-8775

Memphis
901/327-8109

Baton Rouge
504/924-1400

Harlingen
512/428-2273
800/622-7388

Marquette
906/228-7750

Eau Claire
715/834-7734

Green Bay
414/435-3345

Kalamazoo
616/345-0725

Milwaukee
414/672-5433

Fort Wayne
219/426-0065

Indianapolis
317/923-9030

Louisville
502/589-2944

Owensboro
502/926-7561

Murray
502/753-0700

Nashville
615/321-0005

Montgomery
205/269-0000

Mobile
205/471-6101

Toronto
416/229-2607
416/469-1111

Sault St. Marie
705/254-7456 (ONT)
906/635-1103 (MI)

Traverse City
616/946-0911

Lansing
517/332-2288
517/646-6166

Detroit
313/547-4600
313/882-1000

Toledo
419/241-9131

Ashland
419/281-1111

Cincinnati
513/961-7777
513/241-5433

Charleston, WV
304/346-9779

Augusta
404/724-3733

Atlanta
404/922-5939
404/451-2273

Gainesville
904/377-4947

Stuart
407/286-4670

Erie
814/459-4050

Cleveland
216/243-2520
216/228-5998

Pittsburgh
412/562-0543

Dayton
513/434-1789

Columbia
803/765-0165

Charleston, SC
803/786-6323

W. Palm Beach
305/842-4621

Boca Raton
305/392-3446
305/392-3447

Montreal
514/937-9324
514/274-3691

Lebanon
603/298-7806

Burlington
*802/658-2184

Utica
315/797-1160

Albany
518/438-2978

Chapel Hill
919/942-7318

Charlotte
704/372-5981

Durham
919/493-0450

Ft. Lauderdale
305/565-8506

Hollywood
305/981-2060

N. Dade County
305/653-2921

Hileah
305/883-2229

Halifax
902/422-4408

Lewiston
*800/492-0109

Allentown
215/821-4000

Philadeiphia
215/546-8686
215/233-4626

Wilmington
*302/656-7080

Newark, DE
302/366-0285

Baltimore
301/766-5433
800/492-5530

Washington
*202/526-3333
202/269-7439

Charlottesville
804/979-8888

Lynchburg
800/368-3336

Norfolk
804/489-0222

Richmond
804/353-2320
804/262-5055

Miami
305/653-2921

Miami Beach
305/883-2229

Manchester
*603/668-3443

Greater Boston
617/782-5151

Hartford
203/673-7397
203/728-6606

Yonkers
914/968-0769

New York
212/206-0337
800/592-4357

Middlesex
201/560-8080

Princeton
609/921-0494

Trenton
609/771-9505

Woodbury
609/848-1819

Atlantic City
609/348-6010

Bowie
301/262-1330

Gaithersburg
301/963-6223

Harrisonburg
703/434-7528

Roanoke
703/362-9492

S. Miami
305/233-2229
305/883-2229

Today, with the abortion rate approaching one and one-half million per year, we are witnessing in America a holocaust that rivals atrocities anywhere at any time in history, including Hitler's Germany and the recent annihilation of millions of Cambodians. We have embraced a doctrine of death.

By and large, Americans are reacting with unbelief and indifference. Our minds seem numbed to the fact that we are systematically and purposefully destroying human life. If we are to halt this carnage and prevent the next waves of destruction—infanticide and euthanasia—this veil of apathy must be stripped away. We must see in full view what is now happening and become active in bringing a reversal. This is no time for neutrality!

Here are some specific suggestions.

- AFFILIATE WITH PRO-LIFE ORGANIZATIONS, such as those listed elsewhere in this booklet. Subscribe to their newsletters and learn what is happening in your area and be prepared to write letters and speak out with your convictions. See page II-14.
- PROMOTE ALTERNATIVES to abortion, including adoption and care for those who are pregnant out of wedlock. See page II-15.
- TELL YOUR REPRESENTATIVES in Congress and the Senate how you feel. Learn their voting records on abortion funding. Work for the election of pro-life candidates and the defeat of pro-abortion candidates.
- SUPPORT PRO-LIFE LEGISLATION, including a Human Life Amendment to the Constitution. The Supreme Court has ruled that an unborn child in the womb is not a person entitled to the right to life, and may be deprived of life by the mother and her attending physician. This must not remain as the highest law of the land. The unborn and all U.S. citizens must have the legal protection of their right to life restored.
- THROUGH YOUR PERSONAL PRAYER LIFE and among those with whom you fellowship, ask for God's forgiveness, mercy and divine inspiration on how to protect the unborn.
- FURTHER INFORM YOURSELF with books and media recommended elsewhere in this booklet.
- HELP DISTRIBUTE THIS BOOKLET in schools, doctors' offices, counselling clinics, churches. See the inside front cover for information on how to order more.

Rescue those being led away to death; hold back those staggering toward slaughter. If you say, "But we knew nothing about this," does not he who weighs the heart perceive it? Does not he who guards your life know it? Will he not repay each person according to what he has done?

The Proverbs of King Solomon

What Can Be Done?

RECOMMENDED READING

Andrusko, David, editor, *The Triumph of Hope*, (National Right to Life Committee, Washington, DC, 1989).

Ankerberg, John and Weldon, John, *When Does Life Begin?*, (Wolgemuth & Hyatt Publishers, Inc., Brentwood, TN, 1989).

Glasow, Richard D., *School-Based Clinics, The Abortion Connection*, (NRL Education Trust Fund, Washington, DC, 1988).

Grant, George, *Grand Illusions: The Legacy of Planned Parenthood*, (Wolgemuth & Hyatt Publishers, Inc., Brentwood, TN, 1988).

Horan, D., Grant, E., Cunningham, P., eds., *Abortion and the Constitution: Reversing Roe v. Wade Through the Courts*, (distributor: Americans United for Life, Chicago, IL, 1987).

Koop, C. Everett, MD, *The Right to Live: The Right to Die*, (paperback edition, Life Cycle Books, Lewiston, NY, 1982).

Manny, James and Blattner, John C., *Death in the Nursery, The Secret Crime of Infanticide*, (paperback edition, Life Cycle Books, Lewiston, NY, 1984).

Rini, Suzanne M., *Beyond Abortion: A Chronicle of Fetal Experimentation*, (Magnificat Press, Avon-by-the-Sea, NJ, 1988).

Scott, Doug, *Inside Planned Parenthood*, (Christian Action Council, Falls Church, VA, 1990).

Terry, Randall A., *Operation Rescue*, (Whitaker House, Springdale, PA, 1988).

Willke, Dr. and Mrs. John C., *Abortion: Questions and Answers*, (Hayes Publishing Co., Cincinnati, OH, rev. 1988).

Young, Curt, *The Least of These*, (Moody Press, Chicago, IL, 1983).

RECOMMENDED LITERATURE SOURCES

NATIONAL RIGHT TO LIFE EDUCATIONAL TRUST FUND, 419 7th St., NW, Suite 500, Washington, DC 20004. (202) 626-8800.
HAYES PUBLISHING CO., 6304 Hamilton Ave., Cincinnati, OH 45224. (513) 681-7559.
LIFE CYCLE BOOKS, P.O. Box 420, Lewiston, NY 14902-0420. (416) 690-5860. Free catalog available.
FOCUS ON THE FAMILY, Pomona, CA 91799. (714) 620-8500.

RECOMMENDED VIDEOS

MASSACRE OF INNOCENCE Traces the spiritual roots of abortion and its connection to feminist spiritualism. Available from IFA, P.O. Box 2639, Reston, VA 22090.

TEENS AND ABORTION WITH MOLLY KELLY Molly Kelly presents facts and challenges in plain language. This 30-minute video gives teens the truth on abortion—and helps them choose correctly. Available from IFA, P.O. Box 2639, Reston, VA 22090.

TEENS AND SEX WITH MOLLY KELLY In this 50-minute video, Molly Kelly presents the merits of sexual abstinence and chastity. Available from IFA, P.O. Box 2639, Reston, VA 22090.

NO ALIBIS Fast-paced drama on abortion designed especially for teenage audiences. Available from B.A.M. Distributors, P.O. Box 3207, Reston, VA 22090.

A BETTER WAY Pat Boone interviews real people who, in the midst of crisis pregnancy situations, let love be their guide. Available from B.A.M. Distributors, P.O. Box 3207, Reston, VA 22090.

A MATTER OF CHOICE Investigative reporter covers both sides of the abortion controversy. Available from American Portrait Films, 1980 W. Corporate Way, Anaheim, CA 92801. 1-800-726-LIVE.

National Right to Life Committee, Inc.
419 7th Street NW Suite 500
Washington, DC 20004 202/626-8800

NRLC provides national leadership in the Right to Life Movement and seeks passage of pro-life legislation. The Board of Directors are representatives from all 50 states. NRLC has over 2500 local groups nation-wide, a lobbying staff on Capitol Hill, and regularly communicates with all states through legislative alerts and publications from its NRL Educational Trust Fund. A bi-weekly newspaper, the *National Right to Life News*, is available for $16 a year.

Christian Action Council
101 W. Broad Street Suite 500
Falls Church, VA 22046 703/237-2100

Since its inception in 1975, the CAC has grown to be the nation's largest Protestant Pro-Life organization. The CAC operates over 390 crisis pregnancy centers nationwide and has also been instrumental in exposing and detailing Planned Parenthood's corporate funding. Through the CAC's efforts, the AT&T Foundation decided to stop funding Planned Parenthood. The CAC newsletter, Action Line, is available upon request.

American Life League, Inc.
P.O. Box 490 703/659-4171
Stafford, VA 22554 202/690-2510

This group lobbies Congress, educates the public and supports only those legislative activities which outlaw *all* abortion. *A.L.L. About Issues*, their monthly newspaper is available free for 3 months upon request.

Americans Against Abortion
Box 70 214/963-8676
Lindale, TX 75771 Lifeline

Americans Against Abortion, a division of Last Days Ministries, seeks to educate and involve Christians in the pro-life movement by distributing pro-life literature, sponsoring rallies, counseling women with problem pregnancies by phone on their national *Lifeline* and operating a home for unwed mothers.

American Coalition for Life, Inc.
P.O. Box 1895
Washington, D.C. 20013 (202) 582-1343

Established in 1984, the American Coalition for Life (ACL) is a non-profit legislative and informational resource that helps pro-life Americans fulfill their responsibility to extend compassion to the preborn, their parents and other family members. As a reminder of the horror and the magnitude of the slaughter of preborn children by abortion, ACL developed the Cemetery of the Innocents, 4,400 wooden crosses and stars of David representing the children who die each day by abortion.

Right to Life Education Committee
Media Impact Campaign
902 Cherry SE
Grand Rapids, MI 49506 616/451-0225

The *Right to Life Education Committee* is a non-profit resource center which compiles and distributes pro-life educational materials. At the forefront is their pro-life *Media Impact Campaign* designed to educate the public on the critical issues of abortion through television, radio and print advertisements. Its unique approach to the mass media, is the first of its kind in the nation. These media materials are available to pro-life groups across the nation for use in their area.

American United for Life
343 S. Dearborn Suite 1804
Chicago, IL 60604 312/786-9494

AUL does research for scholarly publications, involves itself in litigation of abortion cases, and maintains a national non-profit public interest law firm, the AUL Legal Defense Fund. A periodic newsletter, *Lex Vitae*, focuses on the legal aspects of life-issues.

ILLUSTRATION CREDITS

Front cover, I-1: G. Bergel with photographic fetal insert courtesy of Dr. L.B. Shettles in association with R. Rugh

I-2,3 Microscopic phase contrast photos from Dr. L.B. Shettles, *Ovum Humanum*, Hafner Publishing Co., N.Y., 1960
Selected footage from the French film, *First Days of Life*, available from For Life, Inc., 1917 Xerxes N., Minneapolis, MN 55411

I-4 Carnegie Institution, Washington

I-5 Courtesy of Dr. L.B. Shettles in association with R. Rugh

I-6 Courtesy of Dr. J.C. Willke and Hayes Publishing Co., Cincinnati, OH

National Organizations

CRISIS PREGNANCY COUNSELING PROGRAMS

AAI Alternatives to Abortion International
1213½ South James Road
Columbus, OH 43227

Bethany Christian Services ***includes adoption***
901 Eastern, NE 1-800/BETHANY
Grand Rapids, MI 49503 616/459-6273

Birthright International
686 N. Broad Street 800/848-LOVE
Woodbury, NJ 08096 609/848-1819

CAC Crisis Pregnancy Centers
101 W. Broad Street, Suite 500
Falls Church, VA 22046 703/237-2100

Liberty God Parent Ministries
Box 27000 804/847-6828 in VA
Lynchburg, VA 24506 800/368-3336 National

Pearson Foundation, Inc. 314/652-5300
3663 Lindell Blvd. #290 800/633-2252
St. Louis, MO 63108 ext. 700 National

NON-VIOLENT DIRECT ACTION

Operation Rescue
P.O. Box 1180
Binghamton, NY 13902 607/723-4012

Operation Rescue, founded by Randall Terry, encourages Christians and pro-lifers to participate in mass demonstrations of non-violent civil disobedience. Although severely hampered by pro-abortion sponsored litigation, Operation Rescue has helped launch hundreds of local operation rescue organizations who continue to stage non-violent interventions at abortion clinics, often resulting in the closing of the clinic for a day.

Pro-Life Action League *Hotline* **312/777-2525**
6160 N. Cicero Avenue, Suite 210 312/777-2900
Chicago, IL 60646 Pro-Life Update

Dedicated to saving lives through non-violent direct action, coordinates picketing of abortion clinics and agencies, lobbies politicians, conducts street counseling for women, holds seminars and lectures for student groups and community organizations.

POST ABORTION COUNSELING

AVA (American Victims of Abortion)
419 7th Street NW, Suite 500
Washington, D.C. 20004 202/626-8800

OPEN ARMS MINISTRIES
P.O. Box 7188
Federal Way, WA 98003 206/435-3395

PACE (Post Abortion Counseling and Education)
101 W. Broad Street, Suite 500
Falls Church, VA 22046 703/237-2100

ADOPTION SERVICES

BETHANY CHRISTIAN SERVICES
901 Eastern Avenue, NE
Grand Rapids, MI 49503 616/459-6273

NATIONAL COMMITTEE FOR ADOPTION
419 7th Street, NW
Washington, D.C. 20004 202/638-0466

AMERICAN ADOPTION AGENCY, THE
1228 M Street, NW
Washington, D.C. 20036 202/638-1543

I-14,15 Upper and lower left photos by David Rose, courtesy of Clint and Brenda Holmes, N. Hollywood, CA

Lower, second from left by: Mike and Debbie Kuder, Kalamazoo, MI, Doug and Carol Johnson, Kalamazoo, MI, Jack and Sheila Bair, Kalamazoo, MI

I-16 Courtesy of Dr. L.B. Shettles in association with R. Rugh

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II-2,3 Upper left: United Press International; all rest, movie stills courtesy of Franky Schaeffer V Productions, Los Gatos, CA

II-5 Abortion documentation courtesy of Dr. J.C. Willke and Hayes Publishing Co.; Upjohn illustration by G. Bergel

II-6 Courtesy of Franky Schaeffer V Productions, Los Gatos, CA

II-7 7-week embryo, courtesy of Dr. L.B. Shettles; other, Michigan Catholic Conference, Lansing, MI

II-8 Courtesy of Franky Schaeffer V Productions, Los Gatos, CA

II-9-13 Courtesy of Photographic Stimuli, Kalamazoo, MI

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Hostages of Rape, Victims of Abortion

Rape is a powerful word. It elicits strong and often contradictory responses, feelings of both horror and sympathy. Because people readily sympathize with rape victims, but also recoil from thinking too deeply about its effects on women, rape has been the "exception" to abortion restrictions which abortion proponents have most vigorously defended. "Should a woman who is pregnant from rape be *forced* to carry the child of her brutal attacker?" they asked. It was difficult for anyone to answer "yes" to such a question.

But after admitting to the possible justification of abortion in cases of rape, society has been forced by logic to expand this exception into a general license for abortion on demand. Once rape was accepted as an exception, the question became: "Should a woman be *forced* to bear an *unwanted* child, regardless of how she became pregnant." Indeed, the Supreme Court used this same expansive argument to strike down a Georgia law which generally prohibited abortion but allowed it in the case of rape. The Court argued that by allowing abortions in *some* cases, the states were revealing a lack of commitment to protection of the unborn. Therefore, if abortion was allowable in some cases, such as with rape, there was no justifiable reason to "arbitrarily" forbid abortion under other "compelling" circumstances. After all, once it was admitted that a woman should not be "forced" into carrying the child of an unwanted rape, on what grounds could she be forced to carry the child of any unwanted father?[1]

Once the wedge of the rape "exception" was inserted into the fabric of abortion legislation, the remaining restrictions of abortion were torn apart. If abortion is allowed when a man forces himself upon the woman, then it follows that abortion should be allowed when an unborn child "forces" his or herself upon the woman. Through such arguments, the seemingly noble and compassionate "exception" in cases of rape was quickly distorted to devalue the unborn and lend sympathy to the abortion of any "unwanted" child.

The rape issue was used by pro-abortionists as a wedge by which they gained sympathy for abortion, but they also used it as a smoke-screen to confuse the central issue which was abortion on demand. Once abortion in the case of rape was allowed, the ambiguities surrounding rape were used to expand abortion access even further. For example, does the rape exception include "statutory rape," where any minor under the age of seventeen is considered "raped" whether she agreed to intercourse or not? Does the rape have to have been reported? Or can a woman claim the right to abortion due to rape months later, only after confirming that she is pregnant? Because the rape "exception" was so difficult to pin down, any legislation which allowed the exception could still be attacked as insufficient. Since legislatures had already committed themselves to alleviating "rape" victims from unwanted pregnancies, looser and looser legislation was necessary to ensure that every "victim" would have the opportunity to have an abortion.

Abortion proponents used the public's natural sympathy toward rape victims and the ambiguities surrounding the definition of such "exceptions" on abortion restrictions to convince the public that: (1) at least some abortions are justified; and (2) the issues are too complex to understand, much less to restrict through legislation; therefore (3) it is best to leave the abortion decision to women and their physicians.

But the failure of the pro-abortion rape argument lay not only in trying to turn a sympathetic "exception" into a general rule of tolerance towards all abortions, but more importantly, they also failed in their diagnosis of the rape victim and her needs. As we will see, the pro-abortion argument—which was presumptuously and falsely presented on behalf of rape victims—took only a shallow and paternalistic view toward the women involved. It automatically assumed that abortion was the "best" thing society could offer these victims of violence. The evidence is to the contrary.

Rape Pregnancies in Perspective

Rape is indeed a serious problem. Approximately 78,000 forcible rapes were reported in 1982 alone. This figure is even more appalling when it is recalled that 40 to 80 percent of all rapes are *not* reported.[2]

But despite the large number of rapes which occur, pregnancies resulting from rape are exceedingly rare. There are many reasons for this. Perhaps most significant is that even when penetration occurs, ejaculation may not, because the rate of sexual dysfunction among rapists is extremely high. Three studies found, respectively, that 39, 48, and even 54 percent of victims were not exposed to sperm during the course of rape. Another study found that 51 percent of rapists experience erective or ejaculatory dysfunction during sexual assault.[3] Still other investigators, having found that approximately one-third of rapists suffer from sexual dysfunctions, commented: "Thus, a significant portion of those who are labeled 'rapists,' and in popular mythology have excessive sexual appetites, are incapable of achieving orgasm in the rape situation."[4]

Besides the sexual dysfunction discussed above, some rapists are infertile due to low sperm counts, previous vasectomies, or other abnormalities. In addition, rapists occasionally use condoms themselves, an event which occurs in approximately 1 percent of rapes.[5]

Temporary or total infertility among rape victims is another major reason why the rate of pregnancies resulting from rape is so low. First, a victim may be naturally sterile. She may be too old or too young to be fertile, may already be pregnant, or may be infertile for other natural reasons (42 percent of rape victims in one study were in this category). Second, the victim may be taking oral contraceptives or have an IUD in place or have had a tubal ligation prior to the rape and thus have been artificially infertile (20 percent of rape victims were in this category, according to the same study). Thus, only a minority of rape victims are potentially fertile.[6]

Beyond natural and artificial infertility, some rape victims are protected from pregnancy by what might be called "stress" infertility—a form of temporary infertility which occurs in reaction to extreme stress. This occurs because a woman's menstrual cycle (controlled by hormones) is easily disturbed by emotional stress and may thus act as a natural form of birth control. Ovulation may be delayed; or if the cycle has already passed into the leutal phase, menstruation may occur prematurely so as to prevent fertilization and/or implantation during the period of stress. This is Nature's way of minimizing the number of offspring born into a hostile (stressful) environment. Thus the extreme trauma associated with rape frequently serves as a temporary and natural form of birth control.[7]

After subtracting the number of rape victims who are not at risk of becoming pregnant because of the reasons cited above, the risk for the remainder of rape victims is still much less than the natural limits of fertility under even optimal circumstances. The chance of conception resulting from a single act of unprotected intercourse between fertile, consenting individuals is estimated at only 3 to 4 percent. According to the American Medical Association's magazine *Prism*, even on the day of ovulation "the chances are ten to one against conception."[8]

When all of these factors are considered, it is understandable why pregnancies resulting from rape are extremely rare. In fact, one study found pregnancy resulting from sexual assault occurred in only .6 percent of 2,190 victims; three times that many were already pregnant at the time of the attack.[9] Other studies find the rate to be even lower, especially when rape victims receive prompt hospital treatment which includes pregnancy preventive care. In a series of 3,500 rape cases treated in hospitals in the Minneapolis-St. Paul area over a ten-year period, there was not a single case which resulted in pregnancy.[10]

Despite the odds, however, some pregnancies from rape do occur—but certainly not as frequently as pro-abortionists have at times implied. When this happens, what is already a psychologically difficult situation is further complicated when abortion is offered as the "best" solution. What must be remembered is that women in these rare circumstances are not "victims of pregnancy," they are victims of rape. In the vast majority of these cases, the victim's problems "stem more from the trauma of rape rather than from the pregnancy itself."[11] Abortion, which is itself always a psychologically stressful experience, may only further aggravate the woman's situation and should be approached with great care, not just a careless "fixing" or "hiding" of the external results of the rape.

The Psychology of Women with Rape Pregnancies

To the rape victim, rape is anything but external. It is a deeply traumatic experience that results in "guilt, anger, fear and a myriad of other, often overwhelming emotions [which] require ventilation."[12] Rather than being used as a separate category for justifying abortion, rape should properly be considered under the more general category of "psychological indications." All the reasons against abortion on psychological grounds, therefore, are also valid in the case of rape. As in any other emotionally stressful situation for which abortion might be recommended, abortion in the case of rape is a "cure" which only aggravates the "disease." As with other "psychological indications for abortion," the evidence actually shows that rape is a strong *contraindication* for abortion. This becomes clear when one considers the victim's psychological state, not simply her physical condition.

Rape is a "sudden; shattering intrusion which can leave the victim with deep and lingering emotional, psychological, and physical scars." These internal feelings are "aggravated by a society which often sees her as the guilty party. . . . Believing that she is somehow tainted, dirty, and dehumanized, and knowing that many will view her either as pitiful and helpless or as disgusting and defiled, she often takes great pains to conceal the fact of the assault [a fact which accounts for the low rate of reported rapes]."[13] The myths that raped women are "at fault" because they have "attracted" attacks, or because they have failed to thwart the attacks, are the attitudes most at odds with the healthy emotional recovery from rape. These attitudes, internalized by many rape victims and reinforced by family, friends, and society, are a source of continual pain for rape victims.

One reason why these "blame the victim" attitudes prevail is that most people continue to believe the myth that rape is a sex crime, and therefore, since the woman may "attract" the rapist, she is at least partially at fault. But this is simply not true. All researchers agree that the rapist is not driven by sexual urges, but by tendencies toward violence.[14] It is not primarily the woman's sexuality which invites attack, it is her vulnerability, the ease with which she can be overpowered. He displays his power in a situation which he can control because he finds himself generally powerless—or, to use a more symbolic word, impotent—in the world at large. Thus rape symbolizes an easy victory for the rapist. It proves his "superiority" over his victim.

Rape, then, is no more a sexual act than child battery is a disciplinary act. Unfortunately, society all too easily accepts the myths that both rapists and child beaters simply "lose control" or "go too far."

Because the myth of rape as a sexual (sensual) act continues to dominate public opinion, this myth plays a major role in shaping the mental state of the rape victim. According to this myth, rape is at least partially "the woman's fault." Such "blame the victim" attitudes frequently encourage the victim to engage in self-blame. "Despite its irrationality a sense of guilt is common, a consuming search for some flaw or characteristic which has caused the victimization. Anger, finding no legitimate outlet, may be turned inward, being nurtured by self-blame and often released as self-punishment."[15]

Frequently the victim's feelings of self-blame are encouraged by the reactions of family and friends, though these reactions are often subtly or unconsciously conveyed. First, anger may be directed at the woman by her husband, boyfriend, or family as a result of the accusatory premise that "nice women don't get raped." Second, because friends and family are uncomfortable in discussing the incident, or themselves feel embarrassment through association, they may take great pains to avoid or conceal the tragedy. Such "brush it under the rug" attitudes, however, only isolate the victim and aggravate her negative reactions:

> Often relatives and friends try to dissuade her from thinking or talking about it (the assault) in the mistaken belief that she will become more emotionally distressed. However, if others refuse to listen, the patient may conclude that they are embarrassed and ashamed and want to punish her for what has happened.[16]

Third, the attitudes of others, particularly her spouse, may imply that as a victim of the "sexual" attack of a "defiled" man, she herself is "tainted" and "dirtied." This revulsion may be conveyed by physical aloofness from the "unclean" victim and serves only to aggravate her feelings of humiliation and devaluation. Thus, the belief that she is "ruined" may become a central aspect of the victim's own self-image.

For all of the above reasons, proper care for rape victims must include not only psychological counseling for the victim, but also for her friends and family as well. Both the victim and her "significant others" need to be freed from the binding myths that rape is "sexual," that the victim is in any way at fault, or that the victim is "tainted." This task becomes even more important in the rare cases in which the attack results in pregnancy, or when there is even the suspicion of a rape pregnancy.[17]

Besides facing all the "normal" traumas associated with rape, the pregnant woman is faced with additional pressures because of her pregnancy. The social abhorrence of rape that rejects the victim as "unclean" also rejects the "tainted offspring" which is the evidence of the crime. The child is not only considered an illegitimate "bastard," but it is often viewed with all the revulsion associated with the rapist. Again the "rape is sex" myth rears its head and promotes the attitude that any pregnancy resulting from rape is the result of "ugly" or "sinful" sex, and so the child itself must be "ugly" or "sinful." Thus, in a society fixated on the stigma of rape, the child is never considered as an innocent entity, a second victim deserving of consideration. Instead, the pregnancy signifies "only a blot to be removed."[18]

It can be seen again, then, that the recommendation of abortion under such "unsavory" circumstances may be promoted for the convenience of society (which is already inclined to reject the rape victim), rather than for the welfare of the mother. Indeed, the entire abortion/rape debate never included the pregnant victim's opinions or surveyed her needs. Instead, it was simply presumed that the rape victim would want an abortion, would need an abortion, and would benefit from an abortion.

The failure to study the needs of pregnant rape victims was due to two factors. First, the emphasis in rape studies has traditionally been placed on evaluating the characteristics of rapists. Only in the last ten years has there been a shift towards studying the needs and emotions of the rape victim and to the evaluation of effective forms of counseling.[19] Second, since the number of pregnant victims is extremely small, representing only a tiny fraction of all rape victims, the special needs of impregnated victims have not been addressed in detail. Instead, most of the literature merely maintains the myth that an abortion is to be recommended as soon as possible.

For the above reasons, the psychology of the pregnant rape victim received little attention until Dr. Sandra Mahkorn, an experienced rape counselor, investigated the issue in a report published in 1979.[20] In studying the case histories of 37 pregnant rape victims who had been counseled by various social welfare agencies, Dr. Mahkorn found that 28 women chose to continue their pregnancies, 5 chose abortion, and the outcome of the remaining 4 could not be determined. (A finding which clearly contradicts the presumption that most rape victims desire abortions.) Of the 28 who went to term, 17 chose adoption, 3 chose to keep the child, and details for the remaining 8 were unknown. Of those who refused abortion, the most common reason was their belief that abortion was simply another act of violence, immoral, or killing.

One woman said that she "would suffer more mental anguish from taking the life of the unborn child than carrying the baby to term." Others felt that the child had an intrinsic meaning or purpose, making statements such as: "All life has meaning" or "This child can bring love and happiness into someone's life."

The majority of the pregnant victims stated that their primary problem was the need to confront and deal with "feelings or issues related to the rape experience," though a significant minority (19%) placed primary emphasis on the need to confront and explore feelings about the pregnancy, including feelings of "resentment," "hostility towards the child," and "denial of the . . . pregnancy."[21]

When asked what conditions or situations made it most difficult for her to continue her pregnancy, the most frequent response was social pressure—the opinions, attitudes, and beliefs of others about the rape and pregnancy. Statements included, "family pressure [to abort]," attitudes of "boyfriends," and the belief that "people will not believe that she was raped or that it could have been prevented." Such feelings of being rejected because she is "unclean" aggravate self-rejection and the need to "cover up" what has happened. Under such pressure, abortion may seem the only solution because it will conceal the crime and "cleanse" the woman of rape's stains.

Though anger over the attack was occasionally displaced towards the child, Mahkorn's study revealed that such negative attitudes consistently changed to more positive ones as the pregnancy progressed. The overwhelming majority of the women investigated had a positive view towards the child by the time of delivery as well as much improved self-images. None moved toward more negative attitudes, a fact which prompted Dr. Mahkorn to write:

> The belief that pregnancy following rape will emotionally and psychologically devastate the victim reflects the common misconception that women are helpless creatures who must be protected from the harsh realities of the world. . . . [This study illustrates] that pregnancy need not impede the victim's resolution of the trauma; rather, with loving support, nonjudgmental attitudes, and empathic communication, healthy emotional and psychological responses are possible despite the added burden of pregnancy.[22]

Dr. Mahkorn's study also led her to the conclusion that encouraging abortion as the "solution" to a rape pregnancy is in fact counterproductive, because abortion serves only to reinforce *negative* attitudes. Her observations are worth quoting at length:

> Because it is likely that the victim already harbors feelings of guilt as a result of the assault, medico-social pressures which encourage and result in abortion could compound the woman's feelings of guilt and self-blame [over the abortion itself]. . . . Perhaps as a result of their own biases and an unwillingness to deal with the more emotionally difficult complications of a pregnant rape victim, many physicians suggest abortion in this case as one would prescribe aspirin for a tension headache. . . . While on the surface this "suggestion" may appear acceptable and even "humane" to many, the victim is dealt another disservice. Such condescending ["quick-fix"] attitudes on the part of physicians, friends and family can only serve to reaffirm the sense of helplessness and vulnerability that was so violently conveyed in the act of sexual assault itself. At a time when she is struggling to regain her sense of self-esteem, such a "take charge" attitude can be especially damaging. Often the offer of such "quick and easy" solutions as abortion only serve those who are uncomfortable or unwilling to deal with the special problems and needs that such complications as pregnancy might present.
>
> . . . The central issue, then, should not be whether we can abort all pregnant sexual assault victims, but rather an exploration of the things we can change in ourselves, and through community education, to support such women through their pregnancies. The "abortion is the best solution" approach can only serve to encourage the belief that sexual assault is something for which the victim must bear shame—a sin to be carefully concealed. . . . too often the pregnancy receives the most attention and the anger, guilt, fear, and lower self-esteem related to the assault fail to be addressed.
>
> . . . *[T]he attitudes projected by others and not the pregnancy itself pose the central problem for the pregnant victim.*
>
> By no means am I attempting to conclude that pregnancy as a result of rape is a simple matter. Such a conclusion would indeed be naive. This study does seem to suggest, however, that even though emotionally and psychologically difficult, these burdens can be lessened with proper support. [Italics added][23]

HOSTAGES OF RAPE, VICTIMS OF ABORTION

Clearly, many of the pregnant rape victim's problems stem from society's abhorrence of her condition. Revulsion towards the rape is carried over to the victims, both mother and child. But it is not the victims who are tainted by rape, it is the attitudes of society which are tainted by superstition and prejudice. The cure, then, is not abortion, but acceptance. Dr. Mahkorn writes: "Perhaps true liberation for the rape victim means the freedom to publicly acknowledge what has happened without fear of rejection. Perhaps true liberation means the freedom to carry a pregnancy to term with the realization that, like herself, the child is an innocent victim."[24] Feminist Mary Meehan agrees:

> Psychological support, especially from the woman's family and friends, is enormously important. They should stand by her and say clearly that, no matter what the circumstances of conception, there should *never* be any embarrassment about bringing a child into the world. There should never be anything but pride in that.[25]

As noted by Dr. Mahkorn, the child of rape must also be considered a victim of the crime. The child did not ask to be created any more than the woman asked to be attacked. The child has done no wrong, and abortion certainly does not undo the father's crime. Nowhere would the old proverb "Two wrongs don't make a right" seem more appropriate. Even convicted rapists are not punished by execution. Does it make sense that the innocent child of rape should be condemned to death in his place? Does it make sense to heap violence on top of violence, especially when the woman's body and psyche is made the battleground for both attacks? Does it make sense to tell the victim of violence to participate as the perpetrator of another violent act?

Rape and *abortion* are both harsh, cruel words. They are words so filled with revulsion that people don't like to think about either the acts or the victims involved. The world would no doubt be better without both, but unfortunately people are afraid to confront either. It is better, somehow, to try to ignore them, put them out of mind, pretend that they never happened.

Given such rejection of reality, it is not surprising that abortion is unlikely to relieve the anxieties of the rape victim, but instead it is much more likely to add to and complicate her emotional trauma. As with most abortions, the pregnant victim feels forced by circumstances to submit to the "corrective" violence of abortion. But as we have seen, the lack of free choice, the sense of being compelled to choose abortion, is a major indicator for the occurence of severe post-abortion sequelae. This is no less true in the case of rape, where the victim is struggling to regain control over her life but is being told that there is only one thing she can do—abort.

Indeed, the emotions surrounding rape and abortion are so nearly identical that abortion is almost certain to reinforce negative attitudes. Like rape, abortion accentuates feelings of guilt, lowered self-esteem, feelings of being sexually violated, feelings of having lost control or of being controlled by circumstances, suspicion of males, sexual coldness, and so on. Abortion of pregnant rape victims, then, tends only to reinforce these negative feelings and does nothing to promote the inner reconciliation which is so desperately needed. Encouraging a woman to vent her displaced anger in "revenge" against her unborn child only impacts negative and self-destructive attitudes into her psyche.

Abortion at best only hides a physical symptom of the rape; in its place, the woman is burdened with the memory of a child who was the victim of her "justifiable homicide." For the majority of pregnant rape victims who wisely choose to give their children life, the choice for childbirth is the choice to triumph over the rape. It is a choice which says: "This rape will not dictate my life." It is a choice which wrestles something good from what seems to be so inherently evil. Instead of remembering only her fear and shame, her choice allows her to remember her courage and generosity.[26] As Mary Meehan writes:

> It seems to me that honesty requires us to say that it is unjust that a woman must carry to term a child conceived through rape, *but that it is a far greater injustice to kill the child.* There is no way to avoid injustice in this situation; the best we can do is reduce it. The first injustice, which lasts for nine months of a life, can be relieved both financially and psychologically. But the second injustice ends a life, and there is no remedy for that.
>
> To say that good can come from evil is not to accept the evil itself. A young prolifer put it well when she said: "The answer to rape is not abortion, it is stopping rape.[27]

Returning to our original question, then, would the "conscientious physician" ever recommend abortion in the case of rape? Probably not.

He would recognize that what the woman really needs is emotional support through the rape. He would recognize that her confidence and sense of self-worth need rebuilding, not the added emotional dilemmas of abortion.

Incest

"Rape and Incest . . ." Hand in hand, these two words were the Trojan horse of abortion reform. But as with rape, abortion proponents appealed to the emotional abhorrence of incest to gain support for abortion while ignoring the real needs of the victims. Abortion was simply *presumed* to be the best answer—at least best for society if not for the women, girls, or children. Through abortion, they suggested, we could cover up these embarrassing victims of our sick society; we could destroy the "unclean" offspring of our sexual perversions. But in fact, just as with rape, there is no psychiatric evidence, nor even any theory which argues that abortion of an incestuous pregnancy is therapeutic for the victim—it is only more convenient for everyone else.

Setting aside the paternalistic attitudes with which society presumes that abortion is best for the incest victim, we must ask, what do these girls themselves want? It takes little investigation to find that almost all incest victims actually desire to keep the baby, and the majority do! Those who do abort do so under pressure from the impregnating relative who is seeking to cover-up his crime, and even in these cases, the victims abort only with resentment.[28]

The reasons why incest victims desire to keep their children are as complex as the issue of incest itself. But in brief, the pregnancy is desired by some because it offers a way to expose and escape the incestuous relationship. For others, the unborn child represents the hope for establishing a truly loving relationship as opposed to the exploitive one in which they are entangled. For others, giving birth serves as a means of claiming maturity and "winning" respect from their parents.

Incest can only be understood as a family pathology. The relationships between the husband, wife, and children are often strange and twisted. One investigative observer put it well when she said: "Reading the literature on incest is like trudging through a sewer."[29] Every member of the family touched by incest is embroiled in psychological turmoil, though the young victim is undoubtedly the most vulnerable and confused. As with any complex phenomenon, generalization about incest is a poor substitute for close study of its many and varied forms. Due to space limitations, only a brief overview of "typical" incest patterns is offered here in order to illustrate some of the underlying psychologies involved in an incest pregnancy.

Most cases of incest involve the male parent and a teenage or even a pre-teenage daughter. Though the perpetrator is frequently the girl's natural father, incestuous relationships with stepfathers are much more common. Incest with other men, such as uncles and brothers, represent only a minority of cases.[30]

Frequently the incestuous father will begin to sexually "train" his daughter for use at a very young age, as early as seven or eight, and will continue the relationship until she runs away, marries, or until the illicit union is exposed to outside authorities and intervention takes place. There are various motives that attract the offender to incest. Some involve sexual perversions; others are moved by the inadequacies of their marital relationships or by their own low self-esteem. Since the young daughter is sexually ignorant and naive, whereas the father is "sophisticated" and occupies a position of authority, she becomes the easy sexual "conquest" which he needs. Sexual excursions with his daughter are an easy escape from marital problems. Because of her youth and dependency, it is easier to dominate and control his daughter than to overcome conflicts with his wife. As in the case of rape, there is much more at stake than mere sexual satisfaction. Power and control are key elements of the incestuous relationship.

Obviously, the daughter exposed to incest is the victim of many psychological games and deceits. Even though she may never consent to the incest, she is made to feel obligated to submit to it. She is likely to feel guilty (often without understanding why), isolated, afraid, and at a loss as to how to change her circumstances. But though she may recoil from her father's advances and may dread repetitions of their sexual contact, it is also very likely that she has a sincere love for her father and a strong need to be loved by him. Though she may find their sexual relationship confusing or even repulsive, at least she finds in it some sense of the attention and love she so desperately needs. Though she would much rather be a daughter than a sex object, the latter form of attention is sometimes accepted as a meager substitute.

Incestuous daughters almost invariably feel that their mothers are bad mothers and fear that they, too, will be bad mothers. They feel estranged from their mothers and expect little support from the mother in escaping their incestuous relationship. Indeed, it is quite likely that the mother will be aware of the incest but will refuse to believe it or will fail to act. The daughter's attempts to hint at what is happening and to seek help are likely to be rebuffed and ignored by a mother who simply does not want to believe it. Sometimes, such denial can be taken to extremes. In one case, the mother had repeatedly seen her nude husband in bed with her daughter during a two and a half year period but ignored her "suspicions" until pregnancy occurred. In yet another case, where an incestuous pregnancy was ultimately reported by an outside party, the mother had simply "reassured her four daughters that father was merely trying to show affection by manipulating their breasts and vaginas."[31]

Because it involves so many strained relationships, the pathology of incest is usually shrouded in a "conspiracy of silence." The daughter is too ashamed to discuss it and doubts that there is any aid to be found; the mother denies what she doesn't want to believe; and, of course, the father seeks desperately to conceal it. All know what is occurring, but they will not admit it to each other, much less to the outside world. Until this denial is overcome, breaking the incestuous pattern is impossible. Until the incest is exposed, it is unlikely that the family will seek treatment.

The person who most wants to get out of the incestuous situation is the victim, the daughter. Through friends, teachers, doctors or relatives, she may eventually drop enough hints to arouse suspicion and action. Failing that, she may simply "wait it out" until she is old enough to move away, or she may seek other more immediate avenues of escape: running away, early marriage, or pregnancy.

Though the daughter wants out, it should be remembered that she would prefer to break the incest pattern in a way that would allow her to maintain or regain the love of her parents. Pregnancy is an avenue which offers to fulfill both of these requirements.[32]

Abortion of an incestuous pregnancy, then, not only adds to the girl's guilt and trauma, it also frustrates her plans for escape and attention. Abortion perpetuates the "conspiracy of silence" by covering up the incest, or at least its results, and continues the family pattern of denying reality. Indeed, it seems that the positive opinion which the daughter maintains towards her incestuous father turns negative only when he insists upon an abortion or denies his paternity and thus frustrates her needs for acceptance and escape.[33] Even though nearly half of all incestuous fathers press for abortion if a pregnancy occurs, resistance to abortion is generally very strong, with only a quarter of the daughters finally submitting to abortion.[34]

Fortunately, incestuous pregnancies are actually quite rare, a fact which is especially surprising considering the lengthy period of exposure. American studies involving a total of almost 2,000 cases of incest report a pregnancy rate of only 1 percent. According to one counselor, incestuous relations cause cessation of menses (apparently because of the emotional trauma) during the years of contact, but the ovulation cycle resumes once the girls enter therapy. Older studies indicate a higher pregnancy rate for incest, which may be explained by improved public awareness and more effective response to the daughter's "help" signals. In a comprehensive article entitled "The Consequences of Incest," psychiatrist George Maloof suggests that "Pregnancy is often a desperate measure taken to end the incest, and has been probably utilized more in the past when the community was less sensitive to reacting to a possible incest situation and when treatment programs which allow families to work together were not available."[35]

Leaving aside the issue of the unborn child's right to live (valid though it is), abortion of an incestuous pregnancy is undesirable primarily because it would probably be against the young girl's will. In addition, because the pregnancy was desired in order to expose her circumstances, it is usually not revealed until well after the first trimester. Thus, a late term abortion would expose the girl to health risks even greater than those associated with most teenage abortions.[36]

The problem the pregnant incest victim faces is not the pregnancy, it is the psychological pain of incest. Again, as with rape, it is the discrimination and superstitions of those around her which make the pregnancy difficult, not the pregnancy itself. Unlike the case of rape, most incest pregnancies are actually desired, at least at a subconscious level, in order to expose the incest. As a study of the experiences of girls with incestuous pregnancies showed: "Problems in accepting the pregnancy and birth of the child seemed related more to the negative reaction of friends and other relatives and to tensions which developed between the parents or between mother and daughter as a result of the pregnancy."[37]

As Dr. Mecklenburg notes, abortion in cases of incest is unproductive.

> Furthermore, the incestuous relationship requires psychiatric care. With proper management, the outcome of incest may not always be as traumatic as was previously believed. . . . Incest is basically a family pathology. Treating it as such, there is evidence

> that there may be gain for all concerned when the family cooperates in treatment. Aborting an innocent unborn child will neither correct the pathology nor mend the hurts. The problem exists with or without pregnancy, with or without abortion.[38]

Dr. Maloof goes further, insisting that abortion is counterproductive for incest victims because it represents only a "further assault upon their sexual integrity." Childbirth allows the victims of incest to "take a step toward accepting responsibility for their sexual acts and thereby toward freedom from the self-destructive effects of both incest and abortion." But adoption, he believes, should be strongly recommended in incest cases, so as to facilitate repair of what is already a severely torn family structure: "Only after having the child adopted can there be some assurance that this new life will not simply become part of the incestuous family affair. The family can be consoled by the knowledge that they have broken their incestuous pattern. . . ."[39]

In conclusion, Dr. Maloof writes:

> If the only way we can help the little Debbies [incest victims] is to kill their babies and take away their fathers, are we not taking away the people for whom she cares the most? If her mother rallies to her side only to get rid of her father and child, isn't the pattern of avoiding problems being perpetuated? . . . Are we reenacting the maternal rejection felt by the daughter which predisposed the incest situation, so that the daughter is dramatically demonstrating what she feels the mother has done to her? Are we indirectly killing the daughter who feels her child is an extension of herself?
>
> Whatever else we may be doing by an abortion of an incestuous pregnancy, we are promoting mental illness by not allowing the girl to accept the consequences of her own acts. . . . Accepting the pregnancy can be the first step to accepting the incest and making the changes to alter the family pattern so that it can be more productive rather than withholding and destructive.[40]

Finally, we must again return to the question which has prompted this investigation. When, if ever, would a "conscientious physician" abort an incestuous pregnancy? If he took time to talk to her and understand her needs and desires—as opposed to the needs and desires of her embarrassed parents—Never.

For the Hardest "Hard Cases"

As we have seen, all of the classical "hard cases" used to argue for abortion, when examined closely, are actually among the worst circumstances under which a woman could have an abortion. Accordingly, there is little or no reason why a "conscientious physician" would recommend abortion in these cases. Therefore, if abortions are ever again made illegal, there is no compelling reason to allow for "hard case" exceptions.

But, at least in theory, some unforeseen circumstances may arise when the risks a pregnancy may pose to a woman are far greater than the possible aftereffects of an abortion. But while such exceptional circumstances may be grounds for a lively debate, the possibility that such "hard cases" exist does not justify abortion on demand. If such cases ever occur, they should be tried and judged on an individual basis.

If the compelling conditions which led to the abortion are truly as extreme as the physician contends, and an "exception" for an abortion was justified, or even nearly justifiable, it is doubtful that any jury would convict him or that any judge would pass a heavy sentence. There is room within every law for "hard case" exceptions that are truly that, rare exceptions, not excuses for widening the door to exploitive abortions for convenience.

An interesting idea to limit therapeutic abortions to "good faith" exceptions is the proposal to forbid obstetricians and psychiatrists who approve of or perform therapeutic abortions from accepting any fees for their services. This "no fee" abortion alternative would clearly prevent profiteering and/or the caving-in to an unreasonable patient's demands. Without money to corrupt recommendations for therapeutic abortions, one can be sure that physicians would be very cautious and reserved in their offers to perform them.[41] Some pro-lifers might not like such exceptions, but they would certainly find such a "no fee" scheme more tolerable than the present system of profiteering and abortion on demand.

Summary

In the last two chapters we have carefully looked at the "hard" cases used to justify abortion. We have found that abortion proponents have used these "hard" cases to elicit sympathy for their cause, but they have failed to consider the real desires and health needs of the women who face these difficult circumstances. In fact, the urging of abortion on women in these cases is most often a paternalistic attempt to conceal their problems, rather than to aid them through their difficulties.

The "exceptions" of rape and incest, which in fact represent special cases, involve psychiatric stresses which are ill-treated with abortion. The evidence shows that pressures to abort in these cases arise primarily from outside sources, from the superstition and prejudice that friends, family, and society hold against these "tainted" women. When the desires of the victims are examined, it is found that the vast majority of women pregnant from rape or incest actually desire to carry their children to term. Psychologists confirm that this is a healthy response and is the most productive path these women can take in reestablishing their self-images and renewing control over their lives. It is the social pressure to hide (abort) these pregnancies which needs to be eliminated, not the innocent children who are "conceived in sin."

These "hard" cases all support our contention that the more sympathetic the circumstances indicating abortion, the less likely it is that abortion will solve those problems. Indeed, in what are generally very difficult psychological circumstances, abortion almost invariably tends to aggravate and complicate the woman's problems. Therefore, a truly "conscientious physician" would be obliged to strongly recommend against abortion, especially in these "hard" cases.

PROFILES SIX

Abortions for Rape and Incest

13) Jackie Bakker

Victimized by a violent rape in California in 1968, Jackie found herself pregnant soon after. Confused and frightened, she followed her parents' urgings for an abortion. However, she discovered that "the aftermath of the abortion continued for a long time after the memory of my rape had faded." Her story explains her deep, longlasting regret over her decision to abort.

Sixteen years ago, at the age of nineteen, I became pregnant as a result of a violent act of rape. The rape happened on a Friday night, around 10 PM. My girlfriend and I had been walking down Sunset Strip, looking for a place to have a cup of coffee. Two men approached us, telling us that they were photographers, and that we would make great models. My girlfriend decided to walk off with one guy, claiming she would be right back. The other man hung around me, trying to convince me to go with him. After an hour, she still hadn't returned. The man suddenly pulled me close to him, showed me a knife under his coat, and whispered, "If you want to see your girlfriend again, you'll come with me quietly." I followed him to his car, afraid to resist. He drove to an office building, took me to the basement, locked the door, and pulled my clothes off. He then violently raped me.

My friend was brought there soon after, and we were let go. She had also been raped, but didn't become pregnant. In fact, when I learned I was pregnant, my boyfriend and all my friends—including her—deserted me. They all acted like I was the "plague."

Anyway, I felt very "dirty" and "used." The very first thing I did after the rape was to go home and douche with vinegar, then take a hot shower and scrub hard with soap. That didn't seem to do any good, because I still experienced those bad feelings.

At first, in the early months of pregnancy, I ignored all the indications my body was giving me that I was pregnant. Finally, as I approached my fourth month, I saw a doctor. Upon learning that I was indeed carrying a child, my first reaction was to have an abortion. I felt I had all the best reasons for having one. First, I was carrying the child of a man who had committed a violent crime against me. I couldn't stand the thought of carrying "his child" and being reminded of the rape. I transferred all my negative feelings onto the baby, and hated it. The movie *Rosemary's Baby* was popular at the movie theater; and after seeing the rape scene in the movie, I thought for sure I had been raped by Satan himself. I began to think of my child as a devil baby.

Second, I had just had my first interview with a major airline company and had plans of becoming a stewardess. It was becoming more and more difficult to hide the fact that I was pregnant.

Within a week of learning that I was pregnant, my roommate convinced me that abortion was the "only answer." She had had an abortion several years before; she said she had no regrets and hadn't noticed any bad effects. She knew of a doctor who would give me one and set it up for me. I remember I had to go to his office blindfolded. After he checked me, he decided against doing the abortion. His examination had revealed that I had a bad case of strep throat, and he worried about the infection traveling down into my uterus.

Unable to cope with the circumstances, I returned home to live with my mom and dad. By this time I was nearly five months pregnant and beginning to accept the idea of carrying my baby to term. I was feeling my baby moving and began to experience love and acceptance for this child that was also part of me. However, my parents were very concerned about my circumstances. I had left home just one year before, a healthy, pretty teenager, optimistic about life. But I had returned home, tired, pregnant, and feeling hopeless and confused. They wanted so desperately to have their daughter back to normal. They tried to be supportive in every way they could, but they couldn't handle the thought of a baby being born as a result of a rape. So they consulted with their family doctor and a local family planning clinic and were told of a new law just passed in California permitting a legal abortion in the case of rape. After testifying about my rape to the district attorney, who did two weeks of research on my case, permission for a legal abortion was granted.

I spent three days in the hospital, where a saline abortion was performed. I don't remember the doctor explaining very much to me about what would take place. I only remember going into labor in a room all by myself, so scared and alone. It seemed to take forever. Finally, after eighteen hours of labor, I knew it was time to push. I screamed, and a young nurses' aide ran into my room with a bedpan. I delivered my baby girl all by myself into a bedpan. I was in shock as I looked at the baby that people had told me was just a blob of tissue; she was really so large and developed. It was as if I was waiting for her to start crying, still hoping she was alive.

I soon discovered that the aftermath of the abortion continued a long time after the memory of my rape had faded. I felt empty and horrible. Nobody told me about the emptiness and pain I would feel deep within, causing nightmares and deep depressions. They had all told me that after the abortion I could continue on with my life as if nothing had happened.

As the years hastened by, the pain and regret of my abortion became buried deeper and deeper within. But even after becoming a Christian, I justified my abortion to myself because of my circumstances.

It wasn't until after learning that I had cancer of the cervix that the guilt of my abortion surfaced. I had been married for quite some time, and had been blessed with two beautiful sons. But now that I desperately wanted another child, hopefully a little girl, I was unable to. It had been diagnosed by several doctors that I needed an immediate hysterectomy. I became bitter toward God, thinking He was punishing me for my abortion. My husband reassured me by saying "We can always adopt." But after the operation, he seemed to change his mind.

During that period of time, I went through a deeper time of depression and loneliness than I had experienced immediately after the abortion. I kept thinking I would never have the daughter that I longed for. Finally, after what seemed like years of waiting, my husband and I began the process of adoption. I remember praying every night with my sons for the protection of our little Hope, the little girl I could picture in my mind so vividly, the little girl I had had reccurring dreams about for years. God honored our prayers and saved her life when her mother almost had her aborted. Today, Hope is a lively, healthy, imaginative little girl.

It took thirteen years for a complete healing to take place. But the strangest thing was that, as a Christian, I found that though I could forgive the man who raped me, I couldn't forgive myself for having the abortion. I had nightmares for years afterward, always hearing a baby crying in the distance, even when I wasn't sleeping. I thought I was going insane at times. I was so upset during my pregnancy with my first son, and had nightmares so frequently, that in my fifth month I started premature labor and nearly miscarried.

After being fully healed from my abortion, I began to do research on the effects of my abortion. I became aware of how victimized I had been, and of how victimized all women are. For example, the roommate who had advised me to have my abortion after having one herself, still remains childless after years of frustrating efforts to become pregnant. She didn't notice the effects resulting from her abortion until she tried to become pregnant again.

In my case, I feel my parents were also victims, in believing the lies they were told about abortion. They were told that a saline abortion was less dangerous than childbirth. But in reality, I've learned that saline abortions are so dangerous that they are no longer permitted in some countries. Now I've also heard that doctors are discovering there may be a link between abortions and cancer of the cervix. My parents were told that if I were made to continue with my pregnancy and give birth to a child I didn't want, I might flip out. But after being with a woman in labor who was releasing her baby for adoption, I believe that my experience of eighteen-hour labor and delivering my dead baby by myself was much more harmful emotionally to me.

I've discovered that no one has the control to have a baby exactly when they want to. People said to me that I couldn't love a child that was a product of a rape. But studies have proven that a woman will not have negative feelings towards a child just because she didn't accept the pregnancy. I have had the wonderful experience of knowing a beautiful young woman who gave birth to an adorable little girl, a product of rape. Her daughter is very much loved and accepted, and her mother is so grateful she didn't abort her daughter.

I feel that society has the wrong attitudes toward rape and abortion. Two wrongs *don't* make a right. With rape, that's one time that a woman is victimized; but to have to go through an abortion on top of it, I became a victim twice. The baby was the innocent party. She should not have been looked at as "the product of a rape" but rather as one of God's creations, created in His image. Women facing unplanned pregnancies—especially when rape or incest is involved—need crisis counseling. They need to talk to someone who has been there, to realize that adoption is an excellent solution.

During the past several years I have had the privilege of counseling young women facing difficult pregnancies. It isn't easy sometimes, knowing the decision some of them will make. However, it all seems worth it to me when I am able to experience with her the miracle of a new life coming into the world.

14) Debbie "Nelson"

Debbie chose abortion twice: the first was in Washington, under pressure from her husband; the second was in California, because the child had been conceived during a rape. But as Debbie's story emphasizes, no matter what the circumstances, the physical and emotional aftereffects are traumatic.

I have had two abortions. The first was when I was sixteen years old. I had been married for three months when I realized I was pregnant. My husband was opposed for financial reasons to our having a baby, and said I should have an abortion. Being newly married and only sixteen, I felt that I had to prove I could hold my marriage together.

The abortion was done in a hospital, under general anesthesia. When I woke, I was crying. I didn't understand why, but I knew that I felt a tremendous loss. When I was taken back to my room, I began bleeding heavily. I told the nurse that I had never bled like that before, and she said, "Well, you've never had a baby before." At the time I didn't understand that comment. Now I know the point she was trying to make.

My second abortion was three years later. I was working in a hotel as a maid; and while at work, I was raped at gunpoint. I was taken to the emergency room immediately, but a D&C wasn't done, thus I conceived of that rape.

When I suspected that I was pregnant, I went back to the doctor who had tended me in the emergency room. I remember sobbing and crying so hard when he told me the pregnancy test results were positive. In that moment of shock, the doctor told me that my only choice in a situation such as this was abortion. He was very kind. He held my hand and comforted me, then made a phone call to make an appointment for me with an abortion clinic.

The feelings that I had experienced with my first abortion came back to me, but I thought that this would be different. After all, I had been raped and couldn't possibly love this child. The doctor told me abortion was safe, easy, and painless. Having been asleep the first time, I had no reason to dispute this.

When I got to the clinic (I think it was three days later), I was asked to sign a form releasing the doctor and clinic from any responsibility in the event of complications. I asked what complications this was referring to. I was told that as with any surgical procedure, there was always the slight chance of problems—but that this very rarely happened.

I was awake this time. They used the suction method to kill my baby, and the pain was horrendous. I hadn't expected to feel the emotional trauma this time, but it was worse than before. I was taken to a room to rest and couldn't stop crying. The "oh-so-rare" physical complications began immediately. I began hemorrhaging and cramping severely and was given an injection to lessen the bleeding, and I was told to go home to bed.

One week later, while at work, I began hemorrhaging again. I went back to the clinic and was told that I had probably retained some of the tissue, but that it would pass. After three months of bleeding off and on, I went to another doctor, who was outraged at my condition. He did an emergency D&C to remove the retained placenta, then he told me that my uterus had been significantly damaged by the abortions and their subsequent infections. He said there was much scar tissue in my uterus and that any future pregnancies would probably be difficult.

In the years to follow, I was divorced and remarried; and I became a Christian, a mother, and a nurse. It was when I went through nurse's training that the reality of what I had done became clear to me. While studying fetal development, I realized that I had been lied to. At eight weeks, those "clusters of cells" had a remarkable resemblance to a baby. They had hands and feet, a heartbeat and brainwaves, which meant that those babies did indeed feel the pain of their horrible deaths.

I now have two little girls. During both of my pregnancies I had a condition known as placenta previa. Both were high risk pregnancies followed by very difficult labors and deliveries. Eight months after the birth of my second daughter, at the age of twenty-three, I had to have a hysterectomy. The damages done by my abortions were so severe that my childbearing days were over. All of this occurred because of my two "safe and legal" abortions.

Had I been told the truth about the risks that I was taking with my body and about the developing persons inside of me, I know that I would not have made the decision to destroy life. There are those people who can deliberately take the life of another person, but that is not my nature. Yet I must live with the truth, because that is what I have done.

I still feel that I probably couldn't have loved that child conceived of rape, but there are so many people who would have loved that baby dearly. The man who raped me took a few moments of my life, but I took that innocent baby's entire life. That is not justice as I see it. My first marriage ended in divorce, so the reality is that my first abortion was done for the convenience of two very selfish people.

15) Edith Young

Edith is thirty-eight years old. When she was twelve, she became pregnant as the result of rape/incest by her stepfather. To cover up the incident, her parents procured an abortion for her without telling her what was to happen. The emotional and physical scars of her incest and abortion experiences are still with her today.

Where do I begin? Rape, incest, and abortion. For most people, these things will never happen to them or to anyone they know. When reported in the media, rape/incest is usually called by the watered-down term of child molestation or sexual abuse. By any name, it's still a tragedy. Abortion, though legal, is also a tragedy. Both take away from the victim things that cannot be replaced.

My remembrance of most of the occurences are very vivid, even though they happened twenty-six years ago. These events began in 1960, and their effects continue still in 1986.

When I was eleven and a half years old, I began my menstrual period. Shortly afterwards, I became the victim of rape/incest. Rape, because it was violent and by force. Incest, because the perpetrator was my stepfather, who by marrying my mother had assumed the position of my father.

Several times before the attacks my stepfather entered my room and laid on the floor beside my bed. In the beginning, he didn't touch me or say anything to me. He'd pretend to be asleep, but I knew he wasn't. My mother, who was home during these times, would come to my room and make him leave. All she ever said to him was, "Leroy, get up and come out of here." She didn't say anything to me. She'd just leave, too.

One night she didn't leave as usual. Instead, she lifted my covers, opened my legs, and asked if he had messed with me. I told her "No." I began to be afraid after this. Questions started going through my head: Messed with me how? What was he supposed to do to me that made her look between my legs? Oh, God help me, what's going on?

Not knowing what to expect, I started getting my two younger nieces to sleep with me. I felt safe with one on each side. But mom stopped them from sleeping with me immediately, while my stepfather continued to enter my room. Often I have felt that I was set-up for all that was to happen to me—so conveniently being left alone with no assurance of protection. Frequently, while mom was working, I was left alone with him. My sister and brother would be out, unaware of what was happening. They were both older than me, my sister by ten years and my brother by two. I also have a brother who was about five at this time. I can't remember much about him except I resented him. He is the only child my mother and stepfather had together.

Although there were several, the attack I remember most vividly is the first one. There was no one home but us, maybe my younger brother was in bed, and I had also gone to bed. My stepfather entered my room the same as before, *except* this time he did not lay on the floor but started to climb onto my bed. I was terrified. I didn't know what he was going to do, but I knew I had to get away. In the struggle, I knocked over a table lamp. He grabbed my leg, pulled me back onto the bed, yanked my clothes off, then he began to sexually attack me. I recall screaming, "No! No! Get away! Leave me alone! Someone help me!" But it was all to no avail. There was no one to help me, no one to rescue me. So he continued, obviously sure he had time to do what he wanted, with no fear of being caught. This attack continued for what seemed to be forever. I was wondering to myself, "How could he do this to me? How could he be enjoying this? It hurts so bad. Why doesn't somebody help me? Why don't I die? Help! Help! Help!"

When he stopped, he threatened to hurt me and the rest of my family, including my natural father. He walked out as if what had happened was so natural. It meant nothing to him. But it meant something to me. I was left alone, crying softly so no one would hear me, and I was so scared. I didn't move for a long time.

Mom came home, checking me as usual. I could tell from the look on her face that she knew, after all I was bleeding. Nevertheless, she said nothing. She didn't even ask the usual, "Did he mess with you?" Instead, she left my room and got into bed with him. This was the last night she checked me.

From that night on, terror reigned in my life. I was being sexually abused, threatened by him, and betrayed by mom's silence. Even though she knew, I was still left alone with him, therefore the attacks continued. In the midst of these attacks, I tried to deny what was happening to me. But I have learned that denial is temporary, reality is forever.

I told no one about what was happening. Who could I tell? Mom and he were considered "upstanding" members of the community and church. People were always commenting on what a wonderful job they were doing in raising us. Several times I wanted to shout the truth, especially when I had been attacked the day before. But fear kept me from saying anything. What if I told and no one believed me? I would have to go home with them. Would he make good on his threats? What would mom do? She hadn't stopped him. I believed silence on my part was both my protector and friend.

One night in January of 1961, mom and I walked to the doctor's office not far from where we lived. I didn't know why we were going. He was an elderly man with a kind face. He examined me and told mom I was about three or four months pregnant. I knew being pregnant meant having a baby, but I said nothing until the doctor asked me, "Who did this?" I replied, "My stepfather." Of course mom denied the truth. She said, "It was some old boy she's been messing with." Her answer was so strange to me. I had better not look at a boy, let alone have one for a boyfriend. I didn't have any desire for one, the thought terrified me. We left his office and went home.

Within a couple of days mom started giving me some large red pills. I didn't know where she got them, but I took them for a few days. Every day she would ask if I had started bleeding. She didn't explain anything, she just kept asking over and over, "Are you bleeding?" Suddenly I realized I was no longer being attacked sexually. Relief didn't come though. There was a constant fear it would start again. When the pills didn't bring about any bleeding, I was taken to another doctor.

As we entered the office, I noticed no one was there but us. He led me to where the examining table was. I was too scared to talk. He said things such as "Hi," "How are you?," "It won't take long." As I laid there, I looked around, asking myself, "What won't take long?" It was an ordinary doctor's office; he saw patients every day. My eyes wandered toward the foot of the table. I saw a red rubber tube in his hand. This was inserted into my vagina, there was a tug, then the tube was removed. I got off the table and joined my mother in the other room. We went home.

I had to stay in her room, in *their* bed. Again she began to ask if I felt or saw anything. I was told to use the basin whenever I felt *something* coming. I was alone when I began to feel "something." I got the basin and out "something" came. The "something" was a baby girl. Yes, "something" was unquestionably a girl, my daughter. I saw her with my eyes, after she came from inside my body, lying there dead, in a cold white basin. What happened to her? I don't know, but I'll never forget her. She had a face, hands, arms, legs, and a body. Everything I had, she had. After seeing my baby, I don't remember what happened. Did I scream, call my mother or what? I really don't remember.

Mom came in the room, told me to lay down, while she got me some bath water. She bathed me in the tub as if I had become as helpless as the baby in the basin. Maybe for the moment I was. Almost with every stroke, she made me a promise—promises she has never kept. For a while I believed things would get better if she would just keep her promises. I believed the confusion, fear, and pain would disappear. However, all the stroking and promises in the world could not erase what I had experienced. It was like being in a dream world where all the dreams are nightmares. I thought I would awaken and find the nightmare was over. But it was not a dream, and the nightmare continues. . . .

There weren't any more sexual assaults, but my mother started beating me for any and everything. It seemed as if my mere existence was excuse enough. Mothers are supposed to love and protect, not betray and destroy.

It was when I was in the tenth grade (fifteen years old), taking nursing courses, that I began to fully realize what happened to me. Imagine the shock when I understood what took place that day. The day I passed "something," my baby, my daughter, Lori Ann, into a basin. My textbook said, "life begins at conception." Reality really sunk in. A life had ended that day. Murder had been committed.

After this revelation, I started drinking. Liquor was easy to get. My stepfather drank all the time, so I began stealing his hidden alcohol. I did not worry about being caught; in fact, I didn't care. Alcohol helped me through the next few years. Drinking made existing easier; it distorted reality enough to go on while truthfully my life was in a turmoil. Yet no one knew it. I was an honor roll student. In fact, I was in the National Honor Society in high school. From the sixth to twelfth grade I sang in the school choir. In high school I participated in intramural sports and was the captain of the girl's basketball team.

They stayed together approximately twelve or thirteen years after the abortion. How she could continue to stay with him, I'll never understand. . . . I tried to kill him a few times. Once by making him move when his nose was hemorrhaging, by throwing something out of his reach. Three times I attempted to stab him, but mom intervened each time. How I hated her for that. During those attempts I was upset by my failure to kill him. Now, I'm grateful to God that I didn't succeed. Living with the memory of sexual attacks, pregnancy, abortion, and beatings are more than enough without adding murder.

When I was a senior in high school, mom decided she didn't want me around anymore. I moved in with my natural father. You may have been wondering where he was during this time. He and mom separated and divorced when I was about three or four years old. I saw him often enough. Since he was included in the threats of my stepfather, I did not tell him about the attacks. I had vowed to never tell him. All I kept thinking was, what would he do? Would he be killed like my baby? Would it kill him to know? Would he kill them and end in jail? I was so afraid to tell him, and I only just recently did. It was a few days after he turned seventy-seven years old in September, 1986. After serving as Delaware State Director of WEBA, a press conference was to be held, and I didn't want him to read about me or hear it from someone else. Telling daddy was one of the hardest things I have ever had to do.

God's timing was perfect. Our national president, Lorijo Nerad was there to support me. Daddy wept when he was alone, but he said he was sorry; he didn't know.

The Lord has blessed me with three living children. I became pregnant before I moved out of my mother's, while I was a senior. The school's answer was adoption. Arrangements were made without my knowledge or consent. Refusal was made in not so polite terms by me. The pregnancy was not too bad; I carried my son full term. My third pregnancy, I had to wear a maternity corset. Without it my abdomen felt as though it was being torn apart. Ironically, this daughter was born on January 22, 1973, the day abortion was legalized. With my fourth child, also a girl, my water had to be broken by the doctor.

Throughout the years I have been depressed, suicidal, furious, outraged, lonely, and have felt a sense of loss. I have felt, and at times still feel, that my mother and stepfather owe me something. What? I don't know. Maybe a sincere, "I'm sorry." Even if my daughter had been put up for adoption, instead of killed, some of the pain would not be present. Often I cry. Cry because I could not stop the attacks. Cry because my daughter is dead. And I cry because it still hurts. They say time heals all wounds. This is true. But it doesn't heal the memories, at least not for me.

I've suffered many physical problems and continue to do so. Ever since the abortion I've suffered chronic infections of my tubes, ovaries, and bladder. The pain from my menstrual periods was nightmarish and continued from the time of my abortion until my partial hysterectomy in November, 1982. In April of this year, I again had surgery. There was a growing, bleeding cyst on my left ovary. On my right side, there was a massive amount of adhesions, and the ovary could not be found. Twenty-five years have gone by, but the consequences of the abortion are still going on.

As you can see, the abortion which was to "be in my best interest" just has not been. As far as I can tell, it only "saved their reputations," "solved their problems," and "allowed their lives to go merrily on."

My daughter, how I miss her. I miss her regardless of the reason for her conception. You see she was a part of me, an innocent human being, sentenced to death because of the selfish, sexual gratification of another and the need to "save reputations." She was a unique individual whose life was exterminated.

Yes, the abortion occured before the ill-fated legalization of abortion in 1973. Not in a back alley, but in a sterile office, on the examining table of a doctor, much like the abortion mills of today. Everyone is still living except for my daughter and both doctors.

In situations like mine, emotions are something you are expected to control no matter what. I wasn't allowed to cry, scream, react, or grieve. These things are also true of women who have abortions today. Whatever the reason, a baby is killed and his/her mother is left to face the reality of that decision, often alone.

In the past, incest was not spoken of. It, like abortion, was taboo in our country. But a few years ago when incest stories became a common headline for reporters, I wondered what was happening psychologically to the many women who have been victims of incest. What changes were they going through? Now I wonder what's going to happen to the millions of women who have had abortions when reporters finally get the guts to write as honestly about abortion as they did about incest. All the legalities in the world will not remove the reality that a baby is a baby. For many women the aborted baby is the only one they ever had a chance to have. For many more, abortion is the start of physical and/or emotional complications.

The attacks, the abortion, and my baby in the basin frequently return in my dreams. There have been a countless number of nights when I've gone without sleep just so I wouldn't dream. I still have these sleepless nights—not for me, but for the millions of babies who are still dying. I lose sleep whenever I picket or sidewalk counsel at an abortuary. Watching woman after woman go in hurts. I know that the solution to their situations will not be found in there. Problems are not ended by abortion, but only made worse.

Even though I didn't have any say about the abortion, it has had a greater impact on my life than the rape/incest. About nine years ago I accepted Christ as my personal Savior. He has since become not only my Savior, but also Lord of my life. I have repented of the sin of abortion because of my years of silence. I am free. It's because of Christ I am able to tell my story. It's not easy, but I pray that by telling it an abused person will seek help, a baby will be saved, and most importantly, a woman who is considering abortion will save herself.

PREPARED STATEMENT OF LEE EZELL, NEWPORT BEACH, CA

I would like to add my thanks to you for all your expressed compassion and concern for rape victims, such as myself. I, too, as an inner-city teenager, was raped and became pregnant from that experience over 27 years ago.

As a representative of those rape and incest victims whom you seek to protect, I would like to offer you the following thoughts.

Over the years since I gave birth in a county hospital in Los Angeles and relinquished my baby for adoption, at no time did I regret giving life. Although many times as I have reflected, I have been so grateful that no state legislature had provided an easy, instant answer of a free abortion for me. Like any woman in a crisis pregnancy (whether married, unmarried, raped or not), this woman would welcome an instant answer to her problem.

Abortion is too permanent an answer to a temporary problem. The answer to problems resulting from rape is not abortion. Abortion, over my years' experience, is not a solution, it is an additional problem.

Providing an instant abortion for a woman in trauma may sound desirable to her at the time. For a woman who is depressed, sniffing cocaine gives instant relief. For a woman overwhelmed with her problems, drinking may be an instant relief. But these answers only lead to further problems as much as an abortion also sets a women up for future problems.

I agree that in the case of rape some drastic action should be taken but I believe that repercussive action should be taken against the rapist, not against another innocent victim of his violence, the child conceived.

Why should the baby receive the death penalty for the violence of the father?

Since the release of my book about my own experience, "The Missing Piece" (Bantam Books), I have met probably a hundred other folks who, like my own beautiful daughter, announce themselves to be known as the result of either rape or incest. In every case, similar to my own Julie, I have found these people to be emotionally stable individuals who are so grateful they had the opportunity to live, without an instant answer wiping out their lives. They all agree it did not matter how they began, but what they have become.

Prepared Statement of Julie Makimaa

Chairman George Miller
Ranking Minority Member Thomas Bliley Jr.
Members of the Committee

I am writing to you to tell you my story, and to address the issues of sexual assault pregnancies, and abortion.

I was adopted as an infant in Southern California and raised by a loving family. At the age of 7, I found out from a girlfriend that I was adopted, at that time I did not fully understand what that meant, yet I knew that I was different. In 1979 my family moved to Northern Michigan and shortly afterwards I met and married my husband. After reading through my adoption papers, that my parents had given me, I made the decision to look for my natural parents. My adoptive parents will always be my mom and dad, finding my natural parents would be an added joy in my life, but they could never take the place of my parents. Three and a-half years after I began my search my natural mother called me, and during our first phone conversation we set a date to meet in person. It was amazing to find out the interests and abilities that my natural mother and I had in common, even though I was not raised by her. It was during our first meeting that I was told about the circumstances of my conception, that I had been conceived as a result of the rape of my mother. I feel that what's important is not how you get here but what you do once your here. How many of us really know the circumstances?

I have now formed an organization called, "Fortress", who's purpose is to defend both victims, women, and the children conceived, in sexual assault pregnancies. I am now conducting a national survey for women who became pregnant through sexual assault, and for children who were conceived. I feel that there are a lot of myths that surround these pregnancies, and that the truth has not been told. For the first time we will find out from the actual people involved what their needs are, and how we in society can best help them. We now have nearly 300 women, children, and adoptive couples participating in the survey, and are still receiving requests daily, we hope to have the first set of results done by the end of the year. We are already finding out that we in society are looking at these situations very negatively, and that we are not offering these women and children help, but are rejecting them. A lot larger percentage of women, than what was originally thought, carry their children to term, and in addition a larger percentage also raise their children. Contrary to most beliefs women are telling us that the number one problem they faced was not the pregnancy, but was the reaction of those around them. These are just a couple of the things that we are finding out so far. We see tremendous opportunities to help women and children with the results of the survey.

If abortion would have been as available back in 1964 as it is today, I would not be here writing to you, my life would have ended in abortion. My mother is so thankful now that abortion was not available to her, for it was, in part, because of the difficulty in obtaining an illegal abortion, that my mother did not have one. Many of the letters that I receive from women who choose abortion in these kinds of situations, are now finding that the abortion aftermath is harder to deal with than the sexual assault itself. I feel that we need to offer help to these women and children, help that considers both individuals involved. Abortion should never be though of as a compassionate solution, for the mother or the child.

My natural mother and I now have a wonderful relationship despite the fact that I was conceived in rape, she also enjoys being with my two children, her grandchildren. Our story is just one of many that prove that good things can come out of these pregnancies. Thank you Chairman Miller, Thomas Bliley, and the members of the Committee, for allowing my story to be submitted into the record. I can be reached at (217) 529-9545.

Sincerely,
Julie Makimaa
Julie Makimaa

PREPARED STATEMENT OF DOUG JOHNSON, LEGISLATIVE DIRECTOR, NATIONAL RIGHT TO LIFE COMMITTEE, WASHINGTON, DC

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THE "BOXER AMENDMENT"--
OPENING THE FLOODGATES TO TAX-FUNDED ABORTIONS

SUMMARY: The "Boxer Amendment"-- approved by the House on October 11, 1989, but not enacted due to President Bush's veto of the original FY 1990 DHHS/Labor appropriations bill (HR 2990)-- could have resulted in federal funding of tens of thousands of abortions annually. Moreover, it could have the legal "side effect" of forcing states to fund abortion on demand with state funds.

DISCUSSION: This is the "Boxer Amendment" abortion language approved by Congress as part of the original FY 1990 Labor/HHS appropriations bill (HR 2990), which was vetoed by President Bush. (A subsequent replacement bill, HR 3566, extended the Hyde Amendment, which appears here underscored.)

> None of the funds contained in this Act shall be used to perform abortions except where the life of the mother would be endangered if the fetus were carried to term; or except for such medical procedures necessary for the victims of rape or incest, when such rape or incest has been reported promptly to a law enforcement agency or public health service. [Nor are payments prohibited for drugs or devices to prevent implantation of the fertilized ovum, or for medical procedures necessary for the termination of an ectopic pregnancy.][1]

The Boxer Amendment could result in large-scale tax funding of abortions which are not genuinely related to forcible rape or to incest. In considering these problems, one must keep in mind that such language would be construed not only DHHS, but also by federal judges carefully selected by pro-abortion legal strategists. Recall that the Hyde Amendment was subjected to four years of multiple legal attacks, and was twice enjoined nationwide, before being upheld 5-4 by the Supreme Court in 1980. New language-- particularly vague language-- will invite new litigation, with potentially disastrous results.

Regarding the Boxer Amendment:

1. The term "rape" is not defined. Unless the term "forcible rape" is substituted, the result would be that any Medicaid-eligible female who becomes pregnant outside the bounds of a state's age-of-consent law would automatically qualify for a federally funded abortion. There are at least 29,000 pregnancies a year in females under age 15, and at least 383,000 a year in females age 15-17. The age of consent varies from state to state, and is as high as 18 years in some states.

2. Boxer requires that claims of rape or incest be "reported promptly" to a "public health service". What is a "public health service"? An abortion

clinic? The telephone counseling services operated in many major cities by "feminist health" groups? A rape crisis center? A hospital? A federal judge might include all of these, and more.[2]

3. The term "promptly reported" is not defined. Under the Carter Administration, this term was originally defined as "within 60 days." There is obviously potential here for grave abuse. (Some states have abortion funding laws which require reporting of forcible rape to a law enforcement agency within 48 hours, if the victim is physically able to report, and which require reporting of incest to a child protection agency.)

4. Most importantly: 30 states currently fund abortion only to save the life of the mother. Addition of any rape exception would make federal law inconsistent with the laws of these 30 states (and perhaps some other states as well). If the courts follow the precedent of a 1980 ruling by the U.S. Court of Appeals for the Third Circuit, the result of this inconsistency would be that the laws of these states would be struck down in their entirety, thereby compelling these states to pay for ABORTION ON DEMAND with state funds.[3]

In 1980, Congress responded to the Third Circuit decision by adding a "states' rights" clause to the Hyde Amendment, guaranteeing the right of states to exclude abortions from their Medicaid programs to the degree they believed appropriate. However, this clause was dropped as superfluous in 1984, since there were no longer rape/incest exceptions in federal law.

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[1] As Secretary Louis Sullivan pointed out in an Oct. 10, 1989 letter to Congress, the second (bracketed) sentence is superfluous, since the Hyde Amendment already permits anti-implantation drugs and devices, and already permits termination of ectopic pregnancies.

[2] In February, 1985, Pennsylvania won a five-year court struggle, and a law went into effect prohibited state funding of abortion except in cases of life endangerment, rape, or incest. There was no reporting requirement for the rape/incest claims. Pro-abortion spokespersons made thinly veiled public comments, noting that a mere verbal assertion of rape qualified a Medicaid-eligible woman for a state-funded abortion. By mid-1988, the state was funding an average of 36 abortions a month based on such rape claims (excluding incest). Effective July, 1988, the Pennsylvania legislature changed the law to require that rape or incest be reported to a law-enforcement agency or, in the case of a minor victim of incest, to a child protection agency. In addition to deterring fraud, the purpose was to protect the victims from further abuse and to assist in apprehending the perpetrators of these heinous crimes. The number of rape-based abortion claims dropped more than tenfold, to an average of three (3) per month.

[3] Two 1978 Pennsylvania laws prohibited state funding of abortion, under Medicaid, except to save the life of the mother. But the Federal restriction approved by Congress for FY 1979 included exceptions for rape and incest, as well as the life-endangerment exception. The Third Circuit ruled that this inconsistency invalidated both Pennsylvania laws in total. The ruling had the effect of requiring Pennsylvania to pay for abortion on demand with 100% state funds. See Roe v. Casey [623 F. 2nd 829 (1980).]

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WOULD THE "BOXER AMENDMENT" ENCOURAGE FRAUD?

President Bush vetoed the original FY 1990 Labor/HHS appropriations bill (HR 2990) because it included the Boxer Amendment, which would have loosened restrictions on federal funding of abortion. The President objected to the proposed weakening language on grounds that "it would be difficult to limit to the few cases of actual rape or incest, and could have the unintended consequence of allowing the taking of countless other lives of unborn children well beyond the few cases argued as reasons for the proposed legislative change."

The National Abortion Rights Action League subsequently published an ad calling the President's position "insulting," arguing that "the integrity of women has been impugned by your search for 'safeguards' to assure that women could not falsely claim rape or incest." The following items may be helpful in evaluating such demagoguery.

GLORIA STEINEM

Radical feminist Gloria Steinem said in an interview in USA Today (May 20, 1985):

> "[T]he administration's suggestion to make abortion legal only in cases of rape and incest would force women to lie." (attached)

NORMA McCORVEY

Norma McCorvey, who as "Jane Roe" was the plaintiff in the 1973 Roe v. Wade case which legalized abortion on demand, in 1987 admitted that she had fabricated her rape claim in the hope that it would help her obtain a legal abortion. "I found out I was pregnant through what I thought was love...I did not want to carry the child for economic reasons," McCorvey said. McCorvey did not obtain an abortion. Her daughter-- whose life was saved by the Texas anti-abortion law later struck down by the Supreme Court-- was adopted, and is now a 19-year-old college student who "is staunchly anti-abortion." (See attachments.)

SECRETARY LOUIS SULLIVAN

In his Oct. 10, 1989 letter to Congress, HHS Secretary Louis Sullivan wrote:

> "An onerous responsibility for legal judgment would be placed upon State Medicaid programs, the Department, and health care providers if this [rape/incest] language is accepted... a state would need to prove to the Federal government that a rape or incest had occurred."

PENNSYLVANIA'S EXPERIENCE WITH A LOOSE "EXCEPTION CLAUSE"

February, 1985, Pennsylvania won a five-year court struggle, and a law went into effect prohibited state funding of abortion except in cases of life endangerment, rape, or incest. There was no reporting requirement for the rape/incest claims. Pro-abortion spokespersons made thinly veiled public comments, noting that a mere verbal assertion of rape qualified a Medicaid-eligible woman for a state-funded abortion. By mid-1988, the state was funding an average of 36 abortions a month based on such rape claims (excluding incest).

Effective July, 1988, the Pennsylvania legislature changed the law to require that rape or incest be reported to a law-enforcement agency or, in the case of a minor victim of incest, to a child protection agency. The number of rape-based abortion claims dropped more than tenfold, to an average of three (3) per month.

Because the Boxer Amendment would provide the option of reporting to a "public health service," which could be interpreted by a court to include an abortion clinic or telephone counseling service, it is likely in practice to result in the kind of abuse which occurred in Pennsylvania from 1985-88.